
State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	2018 DC Individual Exchange Rate Filing		
Project Name/Number:	/		

Filing at a Glance

Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Product Name:	2018 DC Individual Exchange Rate Filing
State:	District of Columbia
TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI:	HOrg02I.005D Individual - HMO
Filing Type:	Rate
Date Submitted:	05/01/2017
SERFF Tr Num:	KPMA-131011582
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	
Implementation	01/01/2018
Date Requested:	
Author(s):	Stephen Chuang, John Xu, Ky Le, Sheebani Patel
Reviewer(s):	Efren Tanhehco (primary), John Morgan, Damon Siler, Dave Dillon
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	

State: District of Columbia

Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: 2018 DC Individual Exchange Rate Filing

Project Name/Number: /

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact: 19.7%

Filing Status Changed: 05/02/2017

State Status Changed:

Deemer Date:

Created By: Stephen Chuang

Submitted By: Stephen Chuang

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

This filing is for 2018 Individual plan rate for the Exchange.

Company and Contact

Filing Contact Information

Catherine Reifert, Manager

catherine.l.reifert@kp.org

2101 E. Jefferson

301-816-7346 [Phone]

Rockville, MD 20852

301-816-7346 [FAX]

Filing Company Information

Kaiser Foundation Health Plan of
the Mid-Atlantic States, Inc.

CoCode: 95639

State of Domicile: Maryland

2101 E Jefferson St.

Group Code:

Company Type: Health

Rockville, MD 20852

Group Name:

Maintenance Organization

(301) 816-6867 ext. [Phone]

FEIN Number: 52-0954463

State ID Number:

Filing Fees

Fee Required?

No

Retaliatory?

No

Fee Explanation:

State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
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Product Name:	2018 DC Individual Exchange Rate Filing		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	12.000%
Effective Date of Last Rate Revision:	01/01/2017
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	Increase	13.000%	13.000%	\$5,830,619	2,137	\$16,426,581	27.200%	5.300%

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Product Name: 2018 DC Individual Exchange Rate Filing

Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

HHS Issuer Id: 94506

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
DC Individual Exchange			2484

Trend Factors:

FORMS:

New Policy Forms: DC-DP-0-0-AI-DENTAL-HMO(01-18)HIX, DC-DP-GOLD-0-20-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-5-CSR(2000)-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-5-CSR(6000)-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO(01-18)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO(01-18)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO(01-18)HIX, DC-DP-BRONZE-6500-60-DENTAL-DHMO(01-18)HIX, DC-DP-CATASTROPHIC-7350-0-DENTAL-DHMO(01-18)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-1750-30-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-2000-30-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-3500-30-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-6000-35-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-BRONZE-6000-50-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-GOLD-500-25-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-SILVER-100-15-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-SILVER-3000-30-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-SILVER-3500-40-DENTAL-DHMO(01-18)HIX, DC-DP-0-0-AI-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-GOLD-1500-20%-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-100-5%-CSR-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-500-10%-CSR-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-1700-20%-CSR-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-2750-20%-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-STANDARD-BRONZE-6200-20%-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-0-0-AI-DENTAL-HMO-RX(01-18)HIX, DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-5-CSR(2000)-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-5-CSR(6000)-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO-RX(01-18)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO-RX(01-18)HIX, DC-DP-BRONZE-6500-60-DENTAL-DHMO-RX(01-18)HIX, DC-DP-CATASTROPHIC-7350-DENTAL-DHMO-RX(01-18)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-1750-30-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-2000-30-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-3500-30-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-6000-35-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-BRONZE-6000-50-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-GOLD-500-25-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-100-15-CSR-DENTAL-

State: District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: 2018 DC Individual Exchange Rate Filing

Project Name/Number: /

DHMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-3000-30-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-3500-40-DENTAL-DHMO-RX(01-18)HIX

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual

Member Months: 29,807

Benefit Change: Increase

Percent Change Requested: Min: 5.3 Max: 27.2 Avg: 13.0

PRIOR RATE:

Total Earned Premium: 10,595,303.00

Total Incurred Claims: 9,101,324.00

Annual \$: Min: 129.41 Max: 948.06 Avg: 381.70

REQUESTED RATE:

Projected Earned Premium: 16,425,950.00

Projected Incurred Claims: 15,494,844.00

Annual \$: Min: 162.08 Max: 1,023.45 Avg: 419.98

SERFF Tracking #:	KPMA-131011582	State Tracking #:	Company Tracking #:
State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	2018 DC Individual Exchange Rate Filing		
Project Name/Number:	/		

Rate/Rule Schedule

SERFF Tracking #:

KPMA-131011582

State Tracking #:

Company Tracking #:

State: District of Columbia
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: 2018 DC Individual Exchange Rate Filing
Project Name/Number: /

Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2017 DC Individual Rate Sheet - Appendix I	DC-DP-0-0-AI-DENTAL-HMO(01-18)HIX, DC-DP-GOLD-0-20-DENTAL-HMO(01-18)HIX DC-DP-SILVER-0-5-CSR(2000)-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-5-CSR(6000)-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO(01-18)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO(01-18)HIX DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO(01-18)HIX, DC-DP-BRONZE-6500-60-DENTAL-DHMO(01-18)HIX, DC-DP-CATASTROPHIC-7350-0-DENTAL-DHMO(01-18)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-1750-30-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-2000-30-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-3500-30-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-6000-35-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-BRONZE-6000-50-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-GOLD-500-25-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-SILVER-100-15-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-SILVER-3000-30-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-SILVER-	Revised	Previous State Filing Number: KPMA-130546111 Percent Rate Change Request: 19.7	2018 DC KPIF Rate Sheet.pdf,

SERFF Tracking #:

KPMA-131011582

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

2018 DC Individual Exchange Rate Filing

Project Name/Number:

/

3500-40-DENTAL-DHMO(01-18)HIX, DC-DP-0-0-AI-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-GOLD-1500-20%-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-100-5%-CSR-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-500-10%-CSR-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-1700-20%-CSR-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-2750-20%-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-STANDARD-BRONZE-6200-20%-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-0-0-AI-DENTAL-HMO-RX(01-18)HIX, DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-5-CSR(2000)-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-5-CSR(6000)-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO-RX(01-18)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO-RX(01-18)HIX, DC-DP-BRONZE-6500-60-DENTAL-DHMO-RX(01-18)HIX, DC-DP-CATASTROPHIC-7350-DENTAL-DHMO-RX(01-18)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-1750-30-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-2000-30-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-3500-30-CSR-DENTAL-DHMO-RX(01-

SERFF Tracking #:

KPMA-131011582

State Tracking #:**Company Tracking #:****State:**

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

2018 DC Individual Exchange Rate Filing

Project Name/Number:

/

			18)HIX, DC-DP-SILVER-6000-35-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-BRONZE-6000-50-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-GOLD-500-25-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-100-15-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-3000-30-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-3500-40-DENTAL-DHMO-RX(01-18)HIX			
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Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2018
District of Columbia Individual Exchange
Appendix I

Age	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic
20 and Under	KP DC Standard Platinum 0/20	KP DC Gold 0/20/Dental	KP DC Standard Gold 500/25/Dental	KP DC Gold 1000/20/Dental	KP DC Gold 1500/20%/HSA/Dental	KP DC Standard Silver 3500/40/Dental	KP DC Silver 2000/30/Dental	KP DC Silver 6000/35/Dental	KP DC Silver 2750/20%/HSA/Dental	KP DC Standard Bronze 6000/50/Dental	KP DC Standard Bronze 6200/20%	KP DC Bronze 6500/60/Dental	KP DC Catastrophic 7350/0/Dental
21	\$306.89	\$283.84	\$272.77	\$266.23	\$258.50	\$224.72	\$225.86	\$217.24	\$212.54	\$196.17	\$192.87	\$186.98	\$162.08
22	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
23	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
24	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
25	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
26	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
27	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
28	\$340.13	\$322.90	\$310.30	\$302.86	\$294.07	\$255.64	\$256.94	\$241.78	\$247.14	\$223.16	\$219.41	\$212.71	\$184.38
29	\$356.63	\$329.84	\$316.98	\$309.38	\$300.39	\$261.14	\$262.47	\$246.98	\$252.45	\$227.96	\$224.13	\$217.28	\$188.35
30	\$365.55	\$338.09	\$324.90	\$317.11	\$307.90	\$267.67	\$269.03	\$258.76	\$253.16	\$233.66	\$229.74	\$222.71	\$193.06
31	\$374.94	\$346.77	\$333.24	\$325.25	\$315.81	\$274.54	\$275.93	\$265.40	\$272.54	\$239.66	\$235.63	\$228.43	\$198.01
32	\$383.38	\$354.58	\$340.75	\$332.58	\$322.92	\$280.73	\$282.15	\$271.38	\$265.51	\$245.06	\$240.94	\$233.58	\$202.48
33	\$392.30	\$362.83	\$348.68	\$340.32	\$330.43	\$287.26	\$288.71	\$277.70	\$271.68	\$250.76	\$246.55	\$239.01	\$207.18
34	\$401.68	\$371.51	\$357.02	\$348.46	\$338.34	\$294.13	\$295.62	\$284.34	\$278.18	\$256.76	\$252.44	\$244.73	\$212.14
35	\$411.07	\$380.19	\$365.36	\$356.60	\$346.24	\$301.00	\$302.53	\$290.98	\$284.68	\$262.76	\$258.34	\$250.45	\$217.10
36	\$420.45	\$388.87	\$373.70	\$364.74	\$354.15	\$307.87	\$309.43	\$297.63	\$291.18	\$268.76	\$264.24	\$256.16	\$222.05
37	\$429.84	\$397.55	\$382.04	\$372.88	\$362.05	\$314.74	\$316.34	\$304.27	\$297.68	\$274.76	\$270.14	\$261.88	\$227.01
38	\$435.00	\$402.32	\$386.63	\$377.36	\$366.40	\$318.52	\$320.14	\$307.92	\$301.25	\$278.06	\$273.38	\$265.03	\$229.74
39	\$440.16	\$407.10	\$391.22	\$381.84	\$370.75	\$322.30	\$323.94	\$311.58	\$304.83	\$281.35	\$276.63	\$268.17	\$232.46
40	\$457.52	\$423.15	\$406.65	\$396.90	\$385.37	\$335.02	\$336.72	\$323.87	\$316.85	\$292.45	\$287.54	\$278.75	\$241.63
41	\$475.36	\$439.65	\$422.50	\$412.37	\$400.39	\$348.07	\$349.84	\$336.49	\$329.20	\$303.85	\$298.75	\$289.61	\$251.05
42	\$494.13	\$457.01	\$439.18	\$428.65	\$416.20	\$361.82	\$363.65	\$349.78	\$342.20	\$315.85	\$310.54	\$301.05	\$260.96
43	\$513.37	\$474.80	\$456.28	\$445.34	\$432.41	\$375.91	\$377.81	\$363.40	\$355.53	\$328.15	\$322.63	\$312.77	\$271.12
44	\$533.54	\$493.46	\$474.22	\$462.85	\$449.40	\$390.68	\$392.66	\$377.68	\$369.50	\$341.05	\$335.31	\$325.06	\$281.78
45	\$554.19	\$512.56	\$492.57	\$480.76	\$466.80	\$405.80	\$407.86	\$392.29	\$383.80	\$354.24	\$348.29	\$337.64	\$292.68
46	\$575.78	\$532.52	\$511.75	\$499.48	\$484.98	\$421.61	\$423.74	\$407.57	\$398.75	\$368.04	\$361.86	\$350.79	\$304.09
47	\$598.30	\$553.35	\$531.77	\$519.02	\$503.95	\$438.10	\$440.32	\$423.52	\$414.35	\$382.44	\$376.01	\$364.52	\$315.98
48	\$621.76	\$575.05	\$552.63	\$539.38	\$523.71	\$455.28	\$457.59	\$440.13	\$430.60	\$397.44	\$390.76	\$378.81	\$328.37
49	\$646.16	\$597.62	\$574.31	\$560.54	\$544.27	\$473.15	\$475.55	\$457.40	\$447.49	\$413.03	\$406.09	\$393.08	\$341.26
50	\$671.50	\$621.06	\$596.84	\$582.53	\$565.61	\$491.70	\$494.19	\$475.34	\$465.04	\$429.23	\$422.02	\$409.12	\$354.64
51	\$697.78	\$645.36	\$620.19	\$605.32	\$587.74	\$510.94	\$513.53	\$493.94	\$483.24	\$446.03	\$438.53	\$425.13	\$368.52
52	\$725.00	\$670.54	\$644.38	\$628.93	\$610.67	\$530.87	\$533.56	\$513.20	\$502.09	\$463.43	\$455.64	\$441.71	\$382.89
53	\$753.15	\$696.58	\$669.41	\$653.36	\$634.38	\$551.49	\$554.29	\$533.14	\$521.59	\$481.42	\$473.33	\$458.86	\$397.76
54	\$782.72	\$723.92	\$695.68	\$679.00	\$659.28	\$573.14	\$576.04	\$554.06	\$542.06	\$500.32	\$491.91	\$476.87	\$413.38
55	\$813.22	\$752.13	\$722.79	\$705.46	\$684.98	\$595.47	\$598.49	\$575.65	\$563.19	\$519.82	\$511.08	\$495.46	\$429.49
56	\$845.13	\$781.64	\$751.15	\$733.14	\$711.85	\$618.84	\$621.97	\$598.24	\$585.28	\$540.21	\$531.14	\$514.90	\$446.34
57	\$877.98	\$812.02	\$780.35	\$761.64	\$739.52	\$642.89	\$646.15	\$621.49	\$608.03	\$561.21	\$551.78	\$534.91	\$463.69
58	\$912.23	\$843.70	\$810.80	\$791.36	\$768.38	\$667.97	\$671.36	\$645.74	\$631.76	\$583.11	\$573.31	\$555.78	\$481.78
59	\$947.90	\$876.69	\$842.49	\$822.29	\$798.41	\$694.09	\$697.61	\$665.45	\$650.99	\$595.72	\$585.72	\$567.51	\$500.61
60	\$984.97	\$910.97	\$875.44	\$854.45	\$829.64	\$721.23	\$724.89	\$682.13	\$669.23	\$625.60	\$619.02	\$600.10	\$520.19
61	\$1,023.45	\$946.56	\$909.63	\$887.82	\$862.05	\$749.40	\$753.21	\$724.47	\$708.78	\$654.18	\$643.20	\$623.54	\$540.51
62	\$1,023.45	\$946.56	\$909.63	\$887.82	\$862.05	\$749.40	\$753.21	\$724.47	\$708.78	\$654.18	\$643.20	\$623.54	\$540.51
63	\$1,023.45	\$946.56	\$909.63	\$887.82	\$862.05	\$749.40	\$753.21	\$724.47	\$708.78	\$654.18	\$643.20	\$623.54	\$540.51
64+	\$1,023.45	\$946.56	\$909.63	\$887.82	\$862.05	\$749.40	\$753.21	\$724.47	\$708.78	\$654.18	\$643.20	\$623.54	\$540.51

SERFF Tracking #:

KPMA-131011582

State Tracking #:

Company Tracking #:

State: District of Columbia
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: 2018 DC Individual Exchange Rate Filing
Project Name/Number: /

Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	DC 2018 KPIF Actuarial Memorandum and Exhibits_v1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC 2018 KPIF Actuarial Memorandum and Exhibits_v1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	DC 2018 KPIF Actuarial Memorandum and Exhibits_v1.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC 2018 Individual Rate Filing Cover Letter.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

KPMA-131011582

State Tracking #:

Company Tracking #:

State: District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: 2018 DC Individual Exchange Rate Filing

Project Name/Number: /

Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	Kaiser Individual DC Actuarial_Memo_Dataset_2018_v1_outgoing.xlsx Kaiser Individual DC Actuarial_Memo_Dataset_2018_v1_outgoing.pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	UnifiedRateReviewTemplatev4.2_2018_DC_KPIF_v1.xlsm UnifiedRateReviewSubmission_2018_DC_KPIF_v1_2017050112315.xml UnifiedRateReviewTemplatev4.2_2018_DC_KPIF_v1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	2018_DC_KPIF_Part_II_Justification_Plain_Language_Summary_v1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	DC Rate Filing Checklist
Comments:	
Attachment(s):	2018_DC_KPIF_SG_rate_filing_checklist.pdf
Item Status:	

State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	2018 DC Individual Exchange Rate Filing		
Project Name/Number:	/		

Status Date:	
Satisfied - Item:	AV Screenshots
Comments:	
Attachment(s):	2018_DC_KPIF_Standard_Plans_AV_screenshots.pdf 2018_DC_KPIF_AV_screenshots.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

KPMA-131011582

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

2018 DC Individual Exchange Rate Filing

Project Name/Number:

/

Attachment Kaiser Individual DC Actuarial_Memo_Dataset_2018_v1_outgoing.xlsx is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewTemplatev4.2_2018_DC_KPIF_v1.xlsm is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmission_2018_DC_KPIF_v1_2017050112315.xml is not a PDF document and cannot be reproduced here.

Attachment 2018_DC_KPIF_AV_screenshots.xlsx is not a PDF document and cannot be reproduced here.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

District of Columbia

2018 Direct Payment (Personal Advantage) Rate Filing

HIOS Issuer ID: 94506

HIOS Product ID 94506DC039

Form Numbers: DC-DP-0-0-AI-DENTAL-HMO(01-18)HIX, DC-DP-GOLD-0-20-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-5-CSR(2000)-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-5-CSR(6000)-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO(01-18)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO(01-18)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO(01-18)HIX, DC-DP-BRONZE-6500-60-DENTAL-DHMO(01-18)HIX, DC-DP-CATASTROPHIC-7350-0-DENTAL-DHMO(01-18)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-1750-30-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-2000-30-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-3500-30-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-6000-35-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-BRONZE-6000-50-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-GOLD-500-25-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-SILVER-100-15-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-SILVER-3000-30-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-SILVER-3500-40-DENTAL-DHMO(01-18)HIX, DC-DP-0-0-AI-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-GOLD-1500-20%-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-100-5%-CSR-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-500-10%-CSR-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-1700-20%-CSR-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-2750-20%-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-STANDARD-BRONZE-6200-20%-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-0-0-AI-DENTAL-HMO-RX(01-18)HIX, DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-5-CSR(2000)-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-5-CSR(6000)-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO-RX(01-18)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO-RX(01-18)HIX, DC-DP-BRONZE-6500-60-DENTAL-DHMO-RX(01-18)HIX, DC-DP-CATASTROPHIC-7350-DENTAL-DHMO-RX(01-18)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-1750-30-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-2000-30-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-3500-30-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-6000-35-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-BRONZE-6000-50-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-GOLD-500-25-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-100-15-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-3000-30-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-3500-40-DENTAL-DHMO-RX(01-18)HIX

Actuarial Memorandum

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Personal Advantage, the Direct Payment program sold on the individual exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 1, 2018. It is intended to comply with the requirements outlined in the DC Health Benefit Exchange Authority's *2018 Carrier Reference Manual* (April 2017, Version 1). It is not intended for any other purpose.

KFHP an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. KFHP also offers Deductible and High Deductible plans, some of which are HSA qualified. For the purposes of regulation, these are all HMO products.

KFHP will market products to the Individual and Small Group markets through Direct Sales channels and Broker arrangements, as well as on the District of Columbia Marketplace (aka the Exchange). The products are guaranteed issue and guaranteed renewable.

This rate filing applies to forms that are open to new sales and renewals. This filing does not cover grandfathered plans that existed prior to March 23, 2010.

I am the primary contact for this filing. My telephone number is 301-816-6349 and my email address is John.A.Xu@kp.org. Please also include Sheila Schroer on correspondence related to this filing, her email address is Sheila.A.Schroer@kp.org.

Proposed Rate Increases

The percent increase in the Market Adjusted Index Rate from 2017 to 2018 is 19.7%. The drivers of that change are shown in the table below, which contains all the components of the Market Adjusted Index Rate calculation. The numbers shown are the ratio of the 2018 to the 2017 factor, so a 1.000 indicates no impact on the rate change.

Source of Change	2018/2017
Based Period Experience	1.081
Base Period Util Copay	1.007
Pricing Trend	1.010
Morbidity Adjustment	0.987
Risk Adjustment Recoveries	1.080
Reinsurance Recoveries	1.000
Reinsurance Premium	1.000
Average Age Impact	1.005
Additional EHB	1.007
Exchange Fee	1.010
Fixed Cost Adjustment	1.000
Total Market Adjusted Index Rate Change	119.7%

Plan level rate changes are shown in row 26 of Worksheet II in the URRT.

Experience Period Claims

Base period data:

The Revenue Requirement for 2018 for the new ACA plans is developed by accumulating District of Columbia-specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Dues Subsidy, ACA plans and Small Group lines of business incurred in 2016 including the incurred but not reported estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2018. Allowed claims for internal services are allocated costs for medical services delivered within our integrated delivery system while allowed claims for external expenses are calculated as estimated incurred plus member cost sharing.

The calendar 2016 base data includes 76,395 members months (average monthly of 6,366) and is therefore considered 100% credible. To determine credibility, the following formula was used: $\sqrt{(\text{experience period members} / 2,000)}$.

Capitations:

KFHP has contracted with a dental provider to provide dental care to KFHP members. KFHP pays the provider a fixed capitation of \$1.18 PMPM to cover adult preventative. The \$1.18 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, this benefit is added back as part of the non-EHB adjustment in Exhibit 10.

Incurred Estimates on External Expense:

A common reserve tool developed and maintained by KFHP Actuarial Services is used to set KFHP's IBNR reserves. KFHP's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to KFHP's external allowed costs. Most of KFHP's expenses are internal costs, which are allocated and immaterial reporting lag.

The completion factors used to complete the base period external claims are taken from the KFHP's overall commercial line of business by type of service. The claims are incurred in 2016 and paid through 1/31/2017.

Premium:

Premium was captured for calendar year 2016 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

Part I Unified Rate Review Template

Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit 1 line 3. It is the per member per month allowed claims less non-essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 16.

Benefit Categories:

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity

Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

Morbidity and Other Adjustments:

The morbidity adjustments in Section II Worksheet 1 are developed from rows (14) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2018 membership. The development of these factors along with the documentation of these assumptions is included in Exhibit 7.1-7.3.

The “Other” adjustment in Section II Worksheet I is an adjustment to reflect things other than a change in population morbidity, cost trend, and utilization trend.

Included in the “Other” adjustment is the base period utilization copay effect from Exhibit 4. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the reference plan. “Other” also includes additional EHB benefits in the projection period.

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

Paid to Allowed Ratio:

The Paid to Allowed Average Factor in the Projection Period in Section III of Worksheet I is an average plan factor for the plans listed in Worksheet II. It represents the change from the average benefit plan allowed amount to the average paid amount across the 2018 plans based on weightings in Worksheet 2 of the URRT.

The factor in cell v33 in Worksheet I of the URRT is calculated by weighting the plan design factors in Exhibit 10 by the projected members and allowed costs by plans in rows 82 and 101, respectively, of Worksheet II of the URRT.

Estimated Average Annual Premium per Policy:

The estimated average annual premium per policy based on the URRT and SERFF data included in the filing is \$5,046.50.

Risk Adjustment

Exhibit 7.1-7.3 documents the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the expected change in morbidity of the members covered by these plans relative to the members in the base period (2016) data. It is also adjusted to reflect the risk adjustment receipts anticipated in the rating period (2018) based on the expected risk profile relative to the market of the Individual line only based on DISB guidance.

Exhibits 7.2 and 7.3 include the detailed development of risk adjustment factors and the impact on Individual and Small Group separately. Development is included at the metal level and includes the expected enrollment shift among metal tiers. Then the Risk Adjustment factor for Market Adjusted Index Rate is calculated. This value is used to determine the expected risk adjustment impact to the index rate.

Reinsurance

Reinsurance is a temporary ACA program. The reinsurance program would end with the 2016 benefit year. Reinsurance only affects the rates in the base period (2016), not the rates in the projected period (2018).

Exhibit 8 was used to show the development of the reinsurance adjustment. This exhibit is not currently in use.

Administrative Expense

Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount needed to maintain and expand Kaiser's medical center facilities where members receive the majority of their health care. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

Profit and Risk Margin

As mentioned above, the capital contribution of -13.04%, shown in Exhibit 9, is an amount to maintain and expand Kaiser's medical center facilities where members receive the majority of their healthcare. In order to make our rates more affordable to our ACA Individual members, we decided to phase in the required rate increase over several years to make the 2018 rates more affordable.

Taxes and Fees

Administrative expenses have been adjusted to reflect the federal PCORI tax and the change in federal health insurance provider tax. The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. Thus, health insurance issuers are not required to pay these fees for 2017. Since this health insurance provider fee is only suspended for 2017, we added it back in 2018 rate filing.

The amount is shown as percent in Exhibit 9.

Projected Loss Ratio

Based on a target admin percentage of 5.67%, which includes a -13.04% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 97.2%. The ultimate MLR would be expected to be slightly higher due to the allowed adjustments to both claims and premium in the federally prescribed methodology.

Market Adjusted Index Rate

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment and Reinsurance described above have been considered in the development and are documented below.

Utilization copayment effect adjustment:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

Demographic Adjustment:

The Demographic Adjustment shown in Exhibit 5 represents the expected change in the average member age from the base period to the projection period. We have assumed that the average age in the projection period is unchanged from the base period. However, due to slight difference in the average age between the Individual and Small group, there is a small change in the combined average age because of different growth in the Individual and Small Group members.

Embedded Pediatric Dental Adjustment:

KFHP is embedding pediatric dental benefits into its 2018 plans. KFHP will pay a dental provider a fixed per child per month capitation. Exhibit 14 shows the assumptions and development of the index rate adjustment factor to reflect the capitation on a per member per month basis by adjusting the index rate.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends fall out of the development of projected budgeted costs. For 2016 to 2018, our projected total annualized medical expense trend for Individual is 3.8% and is shown in Exhibit 6 of our filing.

Alternative AV Calculations

Plan designs have been changed to waive primary office visit copays for children younger than five. As the AV calculator does not have an adjustment to account for this benefit, we lowered the copay amount 16% by multiplying the actual copay by a factor of 0.84. For example, a \$20 primary office visit copay is entered as \$16.80. The 16% adjustment is based on KFHP data (as a proxy for a standard population). Primary care utilization was divided between children under five and all other members. The data showed 16% of primary care visits were attributed to children under five. I certify the calculation to be actuarially sound.

Before 2018 rate filing, CCIIO AV calculator did not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). In 2018, outpatient facility copay option is available in the new AV calculator. We don't need the OP Copay Converter to be used with the AV calculator in 2018 rate filing.

AV Pricing Values

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to KFHP experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit 10 indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate. The plan factor shown in Exhibit 10 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

The rates for the catastrophic plan were calculated by multiplying the plan factor, non-EHB adjustment, age factors, and the administrative expense factor by a modified index rate. Because the small and individual pools are combined in 2018, we could not use the methodology to estimate the catastrophic index rate we had developed for other jurisdictions where the pools were separate. Therefore, we have used the modeled impact from these other jurisdictions as a guide. We have adjusted the index rate lower by 10% to represent the expected average cost per member.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by DISB.

Exhibit 12 shows the development of the age calibration factor. The development starts with the average age in the projection period from Exhibit 5. That age is rounded to the nearest age and the age factor is pulled from the DISB age curve. As described in the Actuarial Memorandum instructions, the ratio of the age factor for the nearest rounded age to the age factor for the average age in the projection period is the age calibration factor used in the rate development.

Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

Contract limit of 3 Children factor

This adjustment from Exhibit 15 represents the revenue amount lost because we will not bill families with more than 3 children under the age of 21, i.e., these families will not be charged for more than three child dependents.

Additional URRT Items

Membership Projections:

The total membership projection included across new plans in Section II of Worksheet 2 is consistent with KFHP's expected market share of that growth. Detailed assumptions are presented and documented in Exhibit 7.1-7.3. Projected Membership distribution among metal tiers is based on February 2017 membership distribution.

An assumption is made in Worksheet 2 as to the distribution of members by product based on KFHP's expected distribution of membership by metal level.

Warning Alert:

There are no warning alerts in the URRT.

Summary Rate Calculation

Exhibit 1 shows the development of the Market Adjusted Index Rate from the base period Medical Cost Data. The Plan Adjusted Index Rates are calculated using the Market Adjusted Index Rate and the allowable plan adjustment factors in Exhibit 10. The final 2018 Consumer Adjusted Premium Rates are developed by applying the age slope, contract limit of 3 children factor, and age calibration to the Plan Adjusted Index Rates to generate age specific rates.

Exhibit Table of Contents:

The following exhibits are included in this filing:

- Exhibit 1 – Market Adjusted Index Rate Calculation
- Exhibit 2 – Allowed Claims Development
- Exhibit 3 –Non-EHB Adjustments
- Exhibit 4 – Utilization Copayment Effect Adjustment
- Exhibit 5 – Demographic Adjustment
- Exhibits 6 – Trend Calculation
- Exhibits 7.1 - Risk Adjustment and Morbidity Development – Combined Small and Individual
- Exhibits 7.2 - Risk Adjustment and Morbidity Development – Individual Line of Business
- Exhibits 7.3 - Risk Adjustment and Morbidity Development – Small Group Line of Business
- Exhibit 8 – was Reinsurance Adjustment Factor, this exhibit not currently in use
- Exhibit 9 – Administrative Expense Adjustment
- Exhibit 10 – Plan Adjusted Index Rates Development
- Exhibit 11 - AV Calculator Values by Plan
- Exhibit 12 – Age Calibration
- Exhibit 13 – Age Factors
- Exhibit 14 – Embedded Pediatric Dental Adjustment Factor
- Exhibit 15 – Contract Limit of 3 Children Factor
- Appendix I - Rate Sheet

Certification

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. I further certify:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 156.80(d)(2) were used to generate plan level rates.
3. The percent of total premium that represents EHB included in Worksheet 2, Sections III and IV, was calculated in accordance with actuarial standards of practice.
4. No geographic rating factors were used in the rate development.
5. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans.

This actuarial opinion is qualified such that the information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of April 28, 2017. Changes to the applicable regulations, including but not limited to termination of the Cost Share Reduction Subsidies, Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient and would necessitate revisions to this filing.



John Xu, FSA, MAAA
Actuarial Manager
Kaiser Foundation Health Plan, Inc.
4/28/2017

**Index Rate Development
Summary Index Rate Calculation
Exhibit 1**

				<u>Source</u>
(1)	Base Period Allowed	\$336.08	Exhibit 2	
(2)	Non-EHB Claims Adjustment	0.982	Exhibit 3	
(3)	Experience Period Index Rate	\$329.86	(1) * (2)	
(4)	Product/Network Adjustment	1.000		
(5)	Adjusted Base Period Allowed	\$329.86	(3) * (4)	
(6)	Base Period Utilization Adjustment	1.118	Exhibit 4	
(7)	Projection Period Utilization Adjustment	0.845		
(8)	Demographic Adjustment	1.005	Exhibit 5	
(9)	Product/Network Moribidty Adjustment	1.000		
(10)	Additional EHB (including Ped Dental)	1.007	Exhibit 14	
(10)	Annualized Trend	3.8%	Exhibit 6	
(11)	Months of Trend	24		
(12)	Trend Factor	1.077	$\{1 + (10)\}^{\{(11) / 12\}}$	
(14)	Change in Morbidity	1.000	Exhibit 7	
(15)	Contract Limit of 3 Children Factor	1.000	3 children factor not allowed in the Index Rate	
(16)	Combined Projection Period Index Rate Prior to Separate Modifiers	\$339.96	(5) * (6) * (7) * (8) * (9) * (10) * (12) * (13) * (14) * (15)	
(17)	Risk Adjustment	1.290	Exhibit 7	
(18)	Reinsurance Recovery	1.000	Exhibit 8	
(19)	Reinsurance Premium	1.000	Exhibit 8	
(20)	Exchange fee	1.010		
(21)	Market Adjusted Index Rate	\$442.76	(16) * (17) * (18) * (19) * (20)	

Allowed Claims Development
Exhibit 2

Current Pool	Current Plans	Member Months	Total
Individual	All	29,807	\$402.94
Small Group	All	46,588	\$293.30
Grand Total		76,395	\$336.08

Non-EHB Adjustments
Exhibit 3

Current Pool	Current Plans	Member Months	Non-EHB PMPM
Individual	All	29,807	\$7.22
Small Group	All	46,588	\$5.57
Grand Total		76,395	\$6.22

Multiplier to Remove Non-EHB [1 - (Non-EHB PMPM / Allowed PMPM)]	0.9815
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Utilization Copayment Effect Adjustment
Exhibit 4

Current Pool	Current Plan	Member Months	Allowed Amount	Copay Impact
Individual	All	29,807	\$402.94	0.881
Small Group	All	46,588	\$293.30	0.905
Grand Total		76,395	\$336.08	0.894

Adjustment Factor is the Inverse of the Total	1.118
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**Demographic Adjustment
Exhibit 5**

		Member Months	Average Age Factor ¹	Weighed Average Age ²
Experience Period	Individual	29807	1.0546	42.0
	Small Group	46588	1.0101	40.9
	Combined	76395	1.0274	41.4
Projection Period	Individual	43800	1.0546	42.0
	Small Group	42860	1.0101	40.9
	Combined	86660	1.0326	41.5
Demographic Factor			1.0050	

¹ Average age factor based on CMS Age curve

² Weighted Average Age = Interpolation on age curve of average age factor

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Exhibit 6
Trend Calculation

Category	Weight	2016 to 2018 Annualized Trend
Inpatient Hospital	14.1%	5.0%
Outpatient Hospital	9.7%	2.6%
Professional	58.6%	2.9%
Other	2.7%	2.2%
Prescription Drug	14.6%	7.1%
Capitation	0.3%	1.7%
Composite	100.0%	3.8%

Risk Adjustment and Morbidity Development
Exhibit 7.1

Development of Risk Adjustment Factor Applied to Index Rate

	<u>Small</u>	<u>Individual</u>	<u>Total</u>
Average Members	3,572	3,650	7,222
Adjustment for change in risk in Kaiser membership	100.0%	100.0%	100.00%
Adjustment for risk adjustment recoveries	114.4%	128.9%	

Risk Adjustment and Morbidity Development
Exhibit 7.2

		Estimated 2016	Assumed Change	Projected 2018
Platinum				
(1)	Risk Adjustment Member Months*	5,577		5,834
(2)	HHS Transfer Factor	(0.003)	0.0%	(0.003)
(3)	Statewide Average Premium PMPM	324.97	-8.3%	297.90
(4) = (2) x (3)	Transfer PMPM	(1.02)		(0.93)
(5) = (1) x (4)	Transfer \$	(5,687)		(5,454)
Gold				
(6)	Risk Adjustment Member Months*	7,719		9,469
(7)	HHS Transfer Factor	0.100	0.0%	0.100
(8)	Statewide Average Premium PMPM	324.97	-8.3%	297.90
(9) = (7) x (8)	Transfer PMPM	32.45		29.75
(10) = (6) x (9)	Transfer \$	250,484		281,684
Silver				
(11)	Risk Adjustment Member Months*	8,054		10,818
(12)	HHS Transfer Factor	(0.420)	0.0%	(0.420)
(13)	Statewide Average Premium PMPM	324.97	-8.3%	297.90
(14) = (12) x (13)	Transfer PMPM	(136.64)		(125.26)
(15) = (11) x (14)	Transfer \$	(1,100,574)		(1,355,086)
Bronze				
(16)	Risk Adjustment Member Months*	7,035		17,239
(17)	HHS Transfer Factor	(0.394)	0.0%	(0.394)
(18)	Statewide Average Premium PMPM	324.97	-8.3%	297.90
(19) = (17) x (18)	Transfer PMPM	(128.05)		(117.38)
(20) = (16) x (19)	Transfer \$	(900,849)		(2,023,530)
Catastrophic				
(21)	Risk Adjustment Member Months*	340		440
(22)	HHS Transfer Factor	(0.487)	0.0%	(0.487)
(23)	Statewide Average Premium PMPM (Catastrophic)	85.71	-8.3%	78.57
(24) = (22) x (23)	Transfer PMPM	(41.77)		(38.29)
(25) = (21) x (24)	Transfer \$	(14,216)		(16,837)
Combined				
(26) = (1) + (6) + (11) + (16) + (21)	Total Risk Adjustment Member Months*	28,726		43,800
(27) = (28) / (26)	Total Transfer Paid (PMPM)	(61.65)		(68.72)
(28) = (5) + (10) + (15) + (20) + (25)	Total Transfer Paid	(1,770,841)		(3,119,223)
(29) (29)	Total Transfer Allowed (PMPM)			(98.16)
(30) (30)	Risk Adjustment factor for Market Adjusted Index Rate			1.289

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Development of Risk Adjustment Factor Applied to Index Rate		
(31) Adjustment for change in risk in Kaiser membership (assuming no change)		100.0%
(32) Adjustment for risk adjustment recoveries [= (30)]		128.9%
(33) Risk Adjustment fee 1.56/12/ Average Baf / Plan Index Rate		1.0006
(34) Adjustment for net risk adjustment [(32) * (33)]		129.0%

**Risk Adjustment Factor
Exhibit 7.3**

		Estimated 2016	Assumed Change	Projected 2018
Platinum				
(1)	Risk Adjustment Member Months*	16,663		15,344
(2)	HHS Transfer Factor	(0.180)	0.0%	(0.180)
(3)	Statewide Average Premium PMPM	469.57	-3.3%	454.22
(4) = (2) x (3)	Transfer PMPM	(84.40)		(81.64)
(5) = (1) x (4)	Transfer \$	(1,406,405)		(1,252,703)
Gold				
(6)	Risk Adjustment Member Months*	24,571		22,298
(7)	HHS Transfer Factor	(0.035)	0.0%	(0.035)
(8)	Statewide Average Premium PMPM	469.57	-3.3%	454.22
(9) = (7) x (8)	Transfer PMPM	(16.23)		(15.70)
(10) = (6) x (9)	Transfer \$	(398,778)		(350,054)
Silver				
(11)	Risk Adjustment Member Months*	4,233		3,782
(12)	HHS Transfer Factor	0.135	0.0%	0.135
(13)	Statewide Average Premium PMPM	469.57	-3.3%	454.22
(14) = (12) x (13)	Transfer PMPM	63.60		61.52
(15) = (11) x (14)	Transfer \$	269,223		232,685
Bronze				
(16)	Risk Adjustment Member Months*	1,349		1,436
(17)	HHS Transfer Factor	(0.316)	0.0%	(0.316)
(18)	Statewide Average Premium PMPM	469.57	-3.3%	454.22
(19) = (17) x (18)	Transfer PMPM	(148.47)		(143.62)
(20) = (16) x (19)	Transfer \$	(200,268)		(206,268)
Combined				
(21) = (1) + (6) + (11) + (16)	Total Risk Adjustment Member Months*	46,816		42,860
(22) = (23) / (21)	Total Transfer Paid (PMPM)	(37.09)		(34.28)
(23) = (5) + (10) + (15) + (20)	Total Transfer Paid	(1,736,228)		(1,576,339)
(24) (24)	Total Transfer Allowed (PMPM)			(48.97)
(25) (25)	Risk Adjustment factor			1.144

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Development of Risk Adjustment Factor Applied to Index Rate

(26) Adjustment for change in risk in Kaiser membership [assuming no change]	100.0%
(27) Adjustment for risk adjustment recoveries [= (25)]	114.4%
(28) Total Adjustment [(26) * (27)]	114.4%
(29) Risk Adjustment Fee \$1.68/12/Avg BAF/ Plan Index Rate	1.0006
(30) Net Risk Adjustment -> Exhibit 1 line 17	114.5%

CONFIDENTIAL HANDLING REQUESTED

Kaiser Foundation Health Plan of Mid-Atlantic-States - DC
Market: Individual

Exhibit 8

[This Exhibit Not Currently in Use]

Administrative Expense Adjustment - Individual
Exhibit 9

Retention Category	Percent of Revenue
Claims Processing	1.21%
Customer Service	1.32%
Taxes	2.92%
Capital Contribution	-13.04%
Member Communication Materials	0.56%
Open Enrollment	1.79%
Utilization Review	2.78%
Care Management	0.38%
Other - Community Service	0.57%
Corporate and Other Overhead	5.54%
Commissions	1.63%
Total	5.67%

Plan Adjusted Index Rates
Exhibit 10

Plans	Metallic Level	Name	Allowable Modifiers				Plan Adjusted Index Rate
			Plan Design	Utilization Copay Effect	Non-EHB	Admin	
1	Platinum	KP DC Standard Platinum 0/20/Dental	0.9589	0.8908	1.0182	1.0601	482.99
2	Gold	KP DC Gold 0/20/Dental	0.8999	0.8779	1.0182	1.0601	446.70
3	Gold	KP DC Standard Gold 500/25/Dental	0.8793	0.8634	1.0182	1.0601	429.28
4	Gold	KP DC Gold 1000/20/Dental	0.8511	0.8707	1.0182	1.0601	418.99
5	Gold	KP DC Gold 1500/20%/HSA/Dental	0.8429	0.8536	1.0182	1.0601	406.82
6	Silver	KP DC Standard Silver 3500/40/Dental	0.7651	0.8175	1.0182	1.0601	353.66
7	Silver	KP DC Silver 2000/30/Dental	0.7576	0.8298	1.0182	1.0601	355.46
8	Silver	KP DC Silver 6000/35/Dental	0.7727	0.7825	1.0182	1.0601	341.89
9	Silver	KP DC Silver 2750/20%/HSA/Dental	0.7465	0.7924	1.0182	1.0601	334.49
10	Bronze	KP DC Standard Bronze 6000/50/Dental	0.7082	0.7710	1.0182	1.0601	308.73
11	Bronze	KP DC Standard Bronze 6200/20%/HSA/Dental	0.7053	0.7611	1.0182	1.0601	303.54
12	Bronze	KP DC Bronze 6500/60/Dental	0.6937	0.7502	1.0182	1.0601	294.26
13	Catastrophic	KP DC Catastrophic 7350/0/Dental	0.6632	0.7558	1.0182	1.0601	255.08

AV Calculator Values by Plan
Exhibit 11

Plans	Metallic Level	Name	AV
1	Platinum	Plan 1	0.899
2	Gold	Plan 2	0.813
3	Gold	Plan 3	0.819
4	Gold	Plan 4	0.790
5	Gold	Plan 5	0.762
6	Silver	Plan 6	0.720
7	Silver	Plan 7	0.718
8	Silver	Plan 8	0.672
9	Silver	Plan 9	0.700
10	Bronze	Plan 10	0.648
11	Bronze	Plan 11	0.606
12	Bronze	Plan 12	0.625
13	Catastrophic	Plan 13	0.570

Age Calibration Factor
Exhibit 12

	<u>Weighted Average Age</u>	<u>Age Factor</u>
Average Age in the Projection Period	41.5	1.033
Nearest Rounded Age	41.0	1.013
Calibration Factor		0.981

Age Factors
Exhibit 13

Age	Age Slope	Age Factor Indexed to Age 21
20	0.654	0.90
21	0.727	1.00
22	0.727	1.00
23	0.727	1.00
24	0.727	1.00
25	0.727	1.00
26	0.727	1.00
27	0.727	1.00
28	0.744	1.02
29	0.76	1.05
30	0.779	1.07
31	0.799	1.10
32	0.817	1.12
33	0.836	1.15
34	0.856	1.18
35	0.876	1.20
36	0.896	1.23
37	0.916	1.26
38	0.927	1.28
39	0.938	1.29
40	0.975	1.34
41	1.013	1.39
42	1.053	1.45
43	1.094	1.50
44	1.137	1.56
45	1.181	1.62
46	1.227	1.69
47	1.275	1.75
48	1.325	1.82
49	1.377	1.89
50	1.431	1.97
51	1.487	2.05
52	1.545	2.13
53	1.605	2.21
54	1.668	2.29
55	1.733	2.38
56	1.801	2.48
57	1.871	2.57
58	1.944	2.67
59	2.02	2.78
60	2.099	2.89
61	2.181	3.00
62	2.181	3.00
63	2.181	3.00
64+	2.181	3.00

Pediatric Dental Factor Development
Exhibit 14

Current Pool	Current Plan	Member Months	Ped Dental Factor
Individual	All	29,807	1.0035
Small Group	All	46,588	1.0096
Grand Total		76,395	1.0072

Contract Limit of 3 Children Factor
Exhibit 15

Number of Children	Number of KP Subscribers	# of Children Above Rating Cap
0-3	4,414	0
4+	21	30
a	# of Non-rated Dependents	30
b	Total Members	5,933
c	Age Factor, non-rated dep	0.654
d	Age Factor - Total Population	1.033
$e = (b*d - a*c)/(b-a)$	Age Factor - Rated Population	1.034
$f = 1 + a/(b-a) * c/e$	Adjustment Factor	1.003

Based upon historical membership for the ACA risk pool,
both Individual and Small Group

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2018
District of Columbia Individual Exchange
Appendix I

Age	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic
20 and Under	KP DC Standard Platinum 0/20	KP DC Gold 0/20/Dental	KP DC Standard Gold 500/25/Dental	KP DC Gold 1000/20/Dental	KP DC Gold 1500/20%/HSA/Dental	KP DC Standard Silver 3500/40/Dental	KP DC Silver 2000/30/Dental	KP DC Silver 6000/35/Dental	KP DC Silver 2750/20%/HSA/Dental	KP DC Standard Bronze 6000/50/Dental	KP DC Standard Bronze 6200/20%	KP DC Bronze 6500/60/Dental	KP DC Catastrophic 7350/0/Dental
21	\$306.89	\$283.84	\$272.77	\$266.23	\$258.50	\$224.72	\$225.86	\$217.24	\$212.54	\$196.17	\$192.87	\$186.98	\$162.08
22	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
23	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
24	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
25	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
26	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
27	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
28	\$340.13	\$322.90	\$310.30	\$302.86	\$294.07	\$255.64	\$256.94	\$241.78	\$247.14	\$223.16	\$219.41	\$212.71	\$184.38
29	\$356.63	\$329.84	\$316.98	\$309.38	\$300.39	\$261.14	\$262.47	\$246.98	\$252.45	\$227.96	\$224.13	\$217.28	\$188.35
30	\$365.55	\$338.09	\$324.90	\$317.11	\$307.90	\$267.67	\$269.03	\$258.76	\$253.16	\$233.66	\$229.74	\$222.71	\$193.06
31	\$374.94	\$346.77	\$333.24	\$325.25	\$315.81	\$274.54	\$275.93	\$265.40	\$272.54	\$239.66	\$235.63	\$228.43	\$198.01
32	\$383.38	\$354.58	\$340.75	\$332.58	\$322.92	\$280.73	\$282.15	\$271.38	\$265.51	\$245.06	\$240.94	\$233.58	\$202.48
33	\$392.30	\$362.83	\$348.68	\$340.32	\$330.43	\$287.26	\$288.71	\$277.70	\$271.68	\$250.76	\$246.55	\$239.01	\$207.18
34	\$401.68	\$371.51	\$357.02	\$348.46	\$338.34	\$294.13	\$295.62	\$284.34	\$278.18	\$256.76	\$252.44	\$244.73	\$212.14
35	\$411.07	\$380.19	\$365.36	\$356.60	\$346.24	\$301.00	\$302.53	\$290.98	\$284.68	\$262.76	\$258.34	\$250.45	\$217.10
36	\$420.45	\$388.87	\$373.70	\$364.74	\$354.15	\$307.87	\$309.43	\$297.63	\$291.18	\$268.76	\$264.24	\$256.16	\$222.05
37	\$429.84	\$397.55	\$382.04	\$372.88	\$362.05	\$314.74	\$316.34	\$304.27	\$297.68	\$274.76	\$270.14	\$261.88	\$227.01
38	\$435.00	\$402.32	\$386.63	\$377.36	\$366.40	\$318.52	\$320.14	\$307.92	\$301.25	\$278.06	\$273.38	\$265.03	\$229.74
39	\$440.16	\$407.10	\$391.22	\$381.84	\$370.75	\$322.30	\$323.94	\$311.58	\$304.83	\$281.35	\$276.63	\$268.17	\$232.46
40	\$457.52	\$423.15	\$406.65	\$396.90	\$385.37	\$335.02	\$336.72	\$323.87	\$316.85	\$292.45	\$287.54	\$278.75	\$241.63
41	\$475.36	\$439.65	\$422.50	\$412.37	\$400.39	\$348.07	\$349.84	\$336.49	\$329.20	\$303.85	\$298.75	\$289.61	\$251.05
42	\$494.13	\$457.01	\$439.18	\$428.65	\$416.20	\$361.82	\$363.65	\$349.78	\$342.20	\$315.85	\$310.54	\$301.05	\$260.96
43	\$513.37	\$474.80	\$456.28	\$445.34	\$432.41	\$375.91	\$377.81	\$363.40	\$355.53	\$328.15	\$322.63	\$312.77	\$271.12
44	\$533.54	\$493.46	\$474.22	\$462.85	\$449.40	\$390.68	\$392.66	\$377.68	\$369.50	\$341.05	\$335.31	\$325.06	\$281.78
45	\$554.19	\$512.56	\$492.57	\$480.76	\$466.80	\$405.80	\$407.86	\$392.29	\$383.80	\$354.24	\$348.29	\$337.64	\$292.68
46	\$575.78	\$532.52	\$511.75	\$499.48	\$484.98	\$421.61	\$423.74	\$407.57	\$398.75	\$368.04	\$361.86	\$350.79	\$304.09
47	\$598.30	\$553.35	\$531.77	\$519.02	\$503.95	\$438.10	\$440.32	\$423.52	\$414.35	\$382.44	\$376.01	\$364.52	\$315.98
48	\$621.76	\$575.05	\$552.63	\$539.38	\$523.71	\$455.28	\$457.59	\$440.13	\$430.60	\$397.44	\$390.76	\$378.81	\$328.37
49	\$646.16	\$597.62	\$574.31	\$560.54	\$544.27	\$473.15	\$475.55	\$457.40	\$447.49	\$413.03	\$406.09	\$393.08	\$341.26
50	\$671.50	\$621.06	\$596.84	\$582.53	\$565.61	\$491.70	\$494.19	\$475.34	\$465.04	\$429.23	\$422.02	\$409.12	\$354.64
51	\$697.78	\$645.36	\$620.19	\$605.32	\$587.74	\$510.94	\$513.53	\$493.94	\$483.24	\$446.03	\$438.53	\$425.13	\$368.52
52	\$725.00	\$670.54	\$644.38	\$628.93	\$610.67	\$530.87	\$533.56	\$513.20	\$502.09	\$463.43	\$455.64	\$441.71	\$382.89
53	\$753.15	\$696.58	\$669.41	\$653.36	\$634.38	\$551.49	\$554.29	\$533.14	\$521.59	\$481.42	\$473.33	\$458.86	\$397.76
54	\$782.72	\$723.92	\$695.68	\$679.00	\$659.28	\$573.14	\$576.04	\$554.06	\$542.06	\$500.32	\$491.91	\$476.87	\$413.38
55	\$813.22	\$752.13	\$722.79	\$705.46	\$684.98	\$595.47	\$598.49	\$575.65	\$563.19	\$519.82	\$511.08	\$495.46	\$429.49
56	\$845.13	\$781.64	\$751.15	\$733.14	\$711.85	\$618.84	\$621.97	\$598.24	\$585.28	\$540.21	\$531.14	\$514.90	\$446.34
57	\$877.98	\$812.02	\$780.35	\$761.64	\$739.52	\$642.89	\$646.15	\$621.49	\$608.03	\$561.21	\$551.78	\$534.91	\$463.69
58	\$912.23	\$843.70	\$810.80	\$791.36	\$768.38	\$667.97	\$671.36	\$645.74	\$631.76	\$583.11	\$573.31	\$555.78	\$481.78
59	\$947.90	\$876.69	\$842.49	\$822.29	\$798.41	\$694.09	\$697.61	\$665.45	\$650.99	\$605.90	\$595.72	\$577.51	\$500.61
60	\$984.97	\$910.97	\$875.44	\$854.45	\$829.64	\$721.23	\$724.89	\$682.13	\$669.23	\$625.60	\$619.02	\$600.10	\$520.19
61	\$1,023.45	\$946.56	\$909.63	\$887.82	\$862.05	\$749.40	\$753.21	\$724.47	\$708.78	\$654.18	\$643.20	\$623.54	\$540.51
62	\$1,023.45	\$946.56	\$909.63	\$887.82	\$862.05	\$749.40	\$753.21	\$724.47	\$708.78	\$654.18	\$643.20	\$623.54	\$540.51
63	\$1,023.45	\$946.56	\$909.63	\$887.82	\$862.05	\$749.40	\$753.21	\$724.47	\$708.78	\$654.18	\$643.20	\$623.54	\$540.51
64+	\$1,023.45	\$946.56	\$909.63	\$887.82	\$862.05	\$749.40	\$753.21	\$724.47	\$708.78	\$654.18	\$643.20	\$623.54	\$540.51

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

District of Columbia

2018 Direct Payment (Personal Advantage) Rate Filing

HIOS Issuer ID: 94506

HIOS Product ID 94506DC039

Form Numbers: DC-DP-0-0-AI-DENTAL-HMO(01-18)HIX, DC-DP-GOLD-0-20-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-5-CSR(2000)-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-5-CSR(6000)-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO(01-18)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO(01-18)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO(01-18)HIX, DC-DP-BRONZE-6500-60-DENTAL-DHMO(01-18)HIX, DC-DP-CATASTROPHIC-7350-0-DENTAL-DHMO(01-18)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-1750-30-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-2000-30-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-3500-30-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-6000-35-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-BRONZE-6000-50-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-GOLD-500-25-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-SILVER-100-15-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-SILVER-3000-30-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-SILVER-3500-40-DENTAL-DHMO(01-18)HIX, DC-DP-0-0-AI-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-GOLD-1500-20%-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-100-5%-CSR-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-500-10%-CSR-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-1700-20%-CSR-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-2750-20%-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-STANDARD-BRONZE-6200-20%-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-0-0-AI-DENTAL-HMO-RX(01-18)HIX, DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-5-CSR(2000)-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-5-CSR(6000)-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO-RX(01-18)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO-RX(01-18)HIX, DC-DP-BRONZE-6500-60-DENTAL-DHMO-RX(01-18)HIX, DC-DP-CATASTROPHIC-7350-DENTAL-DHMO-RX(01-18)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-1750-30-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-2000-30-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-3500-30-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-6000-35-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-BRONZE-6000-50-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-GOLD-500-25-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-100-15-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-3000-30-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-3500-40-DENTAL-DHMO-RX(01-18)HIX

Actuarial Memorandum

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Personal Advantage, the Direct Payment program sold on the individual exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 1, 2018. It is intended to comply with the requirements outlined in the DC Health Benefit Exchange Authority's *2018 Carrier Reference Manual* (April 2017, Version 1). It is not intended for any other purpose.

KFHP an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. KFHP also offers Deductible and High Deductible plans, some of which are HSA qualified. For the purposes of regulation, these are all HMO products.

KFHP will market products to the Individual and Small Group markets through Direct Sales channels and Broker arrangements, as well as on the District of Columbia Marketplace (aka the Exchange). The products are guaranteed issue and guaranteed renewable.

This rate filing applies to forms that are open to new sales and renewals. This filing does not cover grandfathered plans that existed prior to March 23, 2010.

I am the primary contact for this filing. My telephone number is 301-816-6349 and my email address is John.A.Xu@kp.org. Please also include Sheila Schroer on correspondence related to this filing, her email address is Sheila.A.Schroer@kp.org.

Proposed Rate Increases

The percent increase in the Market Adjusted Index Rate from 2017 to 2018 is 19.7%. The drivers of that change are shown in the table below, which contains all the components of the Market Adjusted Index Rate calculation. The numbers shown are the ratio of the 2018 to the 2017 factor, so a 1.000 indicates no impact on the rate change.

Source of Change	2018/2017
Based Period Experience	1.081
Base Period Util Copay	1.007
Pricing Trend	1.010
Morbidity Adjustment	0.987
Risk Adjustment Recoveries	1.080
Reinsurance Recoveries	1.000
Reinsurance Premium	1.000
Average Age Impact	1.005
Additional EHB	1.007
Exchange Fee	1.010
Fixed Cost Adjustment	1.000
Total Market Adjusted Index Rate Change	119.7%

Plan level rate changes are shown in row 26 of Worksheet II in the URRT.

Experience Period Claims

Base period data:

The Revenue Requirement for 2018 for the new ACA plans is developed by accumulating District of Columbia-specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Dues Subsidy, ACA plans and Small Group lines of business incurred in 2016 including the incurred but not reported estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2018. Allowed claims for internal services are allocated costs for medical services delivered within our integrated delivery system while allowed claims for external expenses are calculated as estimated incurred plus member cost sharing.

The calendar 2016 base data includes 76,395 members months (average monthly of 6,366) and is therefore considered 100% credible. To determine credibility, the following formula was used: $\sqrt{(\text{experience period members} / 2,000)}$.

Capitations:

KFHP has contracted with a dental provider to provide dental care to KFHP members. KFHP pays the provider a fixed capitation of \$1.18 PMPM to cover adult preventative. The \$1.18 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, this benefit is added back as part of the non-EHB adjustment in Exhibit 10.

Incurred Estimates on External Expense:

A common reserve tool developed and maintained by KFHP Actuarial Services is used to set KFHP's IBNR reserves. KFHP's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to KFHP's external allowed costs. Most of KFHP's expenses are internal costs, which are allocated and immaterial reporting lag.

The completion factors used to complete the base period external claims are taken from the KFHP's overall commercial line of business by type of service. The claims are incurred in 2016 and paid through 1/31/2017.

Premium:

Premium was captured for calendar year 2016 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

Part I Unified Rate Review Template

Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit 1 line 3. It is the per member per month allowed claims less non-essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 16.

Benefit Categories:

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity

Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

Morbidity and Other Adjustments:

The morbidity adjustments in Section II Worksheet 1 are developed from rows (14) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2018 membership. The development of these factors along with the documentation of these assumptions is included in Exhibit 7.1-7.3.

The “Other” adjustment in Section II Worksheet I is an adjustment to reflect things other than a change in population morbidity, cost trend, and utilization trend.

Included in the “Other” adjustment is the base period utilization copay effect from Exhibit 4. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the reference plan. “Other” also includes additional EHB benefits in the projection period.

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

Paid to Allowed Ratio:

The Paid to Allowed Average Factor in the Projection Period in Section III of Worksheet I is an average plan factor for the plans listed in Worksheet II. It represents the change from the average benefit plan allowed amount to the average paid amount across the 2018 plans based on weightings in Worksheet 2 of the URRT.

The factor in cell v33 in Worksheet I of the URRT is calculated by weighting the plan design factors in Exhibit 10 by the projected members and allowed costs by plans in rows 82 and 101, respectively, of Worksheet II of the URRT.

Estimated Average Annual Premium per Policy:

The estimated average annual premium per policy based on the URRT and SERFF data included in the filing is \$5,046.50.

Risk Adjustment

Exhibit 7.1-7.3 documents the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the expected change in morbidity of the members covered by these plans relative to the members in the base period (2016) data. It is also adjusted to reflect the risk adjustment receipts anticipated in the rating period (2018) based on the expected risk profile relative to the market of the Individual line only based on DISB guidance.

Exhibits 7.2 and 7.3 include the detailed development of risk adjustment factors and the impact on Individual and Small Group separately. Development is included at the metal level and includes the expected enrollment shift among metal tiers. Then the Risk Adjustment factor for Market Adjusted Index Rate is calculated. This value is used to determine the expected risk adjustment impact to the index rate.

Reinsurance

Reinsurance is a temporary ACA program. The reinsurance program would end with the 2016 benefit year. Reinsurance only affects the rates in the base period (2016), not the rates in the projected period (2018).

Exhibit 8 was used to show the development of the reinsurance adjustment. This exhibit is not currently in use.

Administrative Expense

Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount needed to maintain and expand Kaiser's medical center facilities where members receive the majority of their health care. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

Profit and Risk Margin

As mentioned above, the capital contribution of -13.04%, shown in Exhibit 9, is an amount to maintain and expand Kaiser's medical center facilities where members receive the majority of their healthcare. In order to make our rates more affordable to our ACA Individual members, we decided to phase in the required rate increase over several years to make the 2018 rates more affordable.

Taxes and Fees

Administrative expenses have been adjusted to reflect the federal PCORI tax and the change in federal health insurance provider tax. The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. Thus, health insurance issuers are not required to pay these fees for 2017. Since this health insurance provider fee is only suspended for 2017, we added it back in 2018 rate filing.

The amount is shown as percent in Exhibit 9.

Projected Loss Ratio

Based on a target admin percentage of 5.67%, which includes a -13.04% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 97.2%. The ultimate MLR would be expected to be slightly higher due to the allowed adjustments to both claims and premium in the federally prescribed methodology.

Market Adjusted Index Rate

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment and Reinsurance described above have been considered in the development and are documented below.

Utilization copayment effect adjustment:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

Demographic Adjustment:

The Demographic Adjustment shown in Exhibit 5 represents the expected change in the average member age from the base period to the projection period. We have assumed that the average age in the projection period is unchanged from the base period. However, due to slight difference in the average age between the Individual and Small group, there is a small change in the combined average age because of different growth in the Individual and Small Group members.

Embedded Pediatric Dental Adjustment:

KFHP is embedding pediatric dental benefits into its 2018 plans. KFHP will pay a dental provider a fixed per child per month capitation. Exhibit 14 shows the assumptions and development of the index rate adjustment factor to reflect the capitation on a per member per month basis by adjusting the index rate.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends fall out of the development of projected budgeted costs. For 2016 to 2018, our projected total annualized medical expense trend for Individual is 3.8% and is shown in Exhibit 6 of our filing.

Alternative AV Calculations

Plan designs have been changed to waive primary office visit copays for children younger than five. As the AV calculator does not have an adjustment to account for this benefit, we lowered the copay amount 16% by multiplying the actual copay by a factor of 0.84. For example, a \$20 primary office visit copay is entered as \$16.80. The 16% adjustment is based on KFHP data (as a proxy for a standard population). Primary care utilization was divided between children under five and all other members. The data showed 16% of primary care visits were attributed to children under five. I certify the calculation to be actuarially sound.

Before 2018 rate filing, CCIIO AV calculator did not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). In 2018, outpatient facility copay option is available in the new AV calculator. We don't need the OP Copay Converter to be used with the AV calculator in 2018 rate filing.

AV Pricing Values

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to KFHP experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit 10 indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate. The plan factor shown in Exhibit 10 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

The rates for the catastrophic plan were calculated by multiplying the plan factor, non-EHB adjustment, age factors, and the administrative expense factor by a modified index rate. Because the small and individual pools are combined in 2018, we could not use the methodology to estimate the catastrophic index rate we had developed for other jurisdictions where the pools were separate. Therefore, we have used the modeled impact from these other jurisdictions as a guide. We have adjusted the index rate lower by 10% to represent the expected average cost per member.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by DISB.

Exhibit 12 shows the development of the age calibration factor. The development starts with the average age in the projection period from Exhibit 5. That age is rounded to the nearest age and the age factor is pulled from the DISB age curve. As described in the Actuarial Memorandum instructions, the ratio of the age factor for the nearest rounded age to the age factor for the average age in the projection period is the age calibration factor used in the rate development.

Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

Contract limit of 3 Children factor

This adjustment from Exhibit 15 represents the revenue amount lost because we will not bill families with more than 3 children under the age of 21, i.e., these families will not be charged for more than three child dependents.

Additional URRT Items

Membership Projections:

The total membership projection included across new plans in Section II of Worksheet 2 is consistent with KFHP's expected market share of that growth. Detailed assumptions are presented and documented in Exhibit 7.1-7.3. Projected Membership distribution among metal tiers is based on February 2017 membership distribution.

An assumption is made in Worksheet 2 as to the distribution of members by product based on KFHP's expected distribution of membership by metal level.

Warning Alert:

There are no warning alerts in the URRT.

Summary Rate Calculation

Exhibit 1 shows the development of the Market Adjusted Index Rate from the base period Medical Cost Data. The Plan Adjusted Index Rates are calculated using the Market Adjusted Index Rate and the allowable plan adjustment factors in Exhibit 10. The final 2018 Consumer Adjusted Premium Rates are developed by applying the age slope, contract limit of 3 children factor, and age calibration to the Plan Adjusted Index Rates to generate age specific rates.

Exhibit Table of Contents:

The following exhibits are included in this filing:

- Exhibit 1 – Market Adjusted Index Rate Calculation
- Exhibit 2 – Allowed Claims Development
- Exhibit 3 –Non-EHB Adjustments
- Exhibit 4 – Utilization Copayment Effect Adjustment
- Exhibit 5 – Demographic Adjustment
- Exhibits 6 – Trend Calculation
- Exhibits 7.1 - Risk Adjustment and Morbidity Development – Combined Small and Individual
- Exhibits 7.2 - Risk Adjustment and Morbidity Development – Individual Line of Business
- Exhibits 7.3 - Risk Adjustment and Morbidity Development – Small Group Line of Business
- Exhibit 8 – was Reinsurance Adjustment Factor, this exhibit not currently in use
- Exhibit 9 – Administrative Expense Adjustment
- Exhibit 10 – Plan Adjusted Index Rates Development
- Exhibit 11 - AV Calculator Values by Plan
- Exhibit 12 – Age Calibration
- Exhibit 13 – Age Factors
- Exhibit 14 – Embedded Pediatric Dental Adjustment Factor
- Exhibit 15 – Contract Limit of 3 Children Factor
- Appendix I - Rate Sheet

Certification

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. I further certify:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 156.80(d)(2) were used to generate plan level rates.
3. The percent of total premium that represents EHB included in Worksheet 2, Sections III and IV, was calculated in accordance with actuarial standards of practice.
4. No geographic rating factors were used in the rate development.
5. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans.

This actuarial opinion is qualified such that the information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of April 28, 2017. Changes to the applicable regulations, including but not limited to termination of the Cost Share Reduction Subsidies, Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient and would necessitate revisions to this filing.



John Xu, FSA, MAAA
Actuarial Manager
Kaiser Foundation Health Plan, Inc.
4/28/2017

**Index Rate Development
Summary Index Rate Calculation
Exhibit 1**

			<u>Source</u>
(1)	Base Period Allowed	\$336.08	Exhibit 2
(2)	Non-EHB Claims Adjustment	0.982	Exhibit 3
(3)	Experience Period Index Rate	\$329.86	(1) * (2)
(4)	Product/Network Adjustment	1.000	
(5)	Adjusted Base Period Allowed	\$329.86	(3) * (4)
(6)	Base Period Utilization Adjustment	1.118	Exhibit 4
(7)	Projection Period Utilization Adjustment	0.845	
(8)	Demographic Adjustment	1.005	Exhibit 5
(9)	Product/Network Moribidty Adjustment	1.000	
(10)	Additional EHB (including Ped Dental)	1.007	Exhibit 14
(10)	Annualized Trend	3.8%	Exhibit 6
(11)	Months of Trend	24	
(12)	Trend Factor	1.077	$\{1 + (10)\}^{\{(11) / 12\}}$
(14)	Change in Morbidity	1.000	Exhibit 7
(15)	Contract Limit of 3 Children Factor	1.000	3 children factor not allowed in the Index Rate
(16)	Combined Projection Period Index Rate Prior to Separate Modifiers	\$339.96	(5) * (6) * (7) * (8) * (9) * (10) * (12) * (13) * (14) * (15)
(17)	Risk Adjustment	1.290	Exhibit 7
(18)	Reinsurance Recovery	1.000	Exhibit 8
(19)	Reinsurance Premium	1.000	Exhibit 8
(20)	Exchange fee	1.010	
(21)	Market Adjusted Index Rate	\$442.76	(16) * (17) * (18) * (19) * (20)

Allowed Claims Development
Exhibit 2

Current Pool	Current Plans	Member Months	Total
Individual	All	29,807	\$402.94
Small Group	All	46,588	\$293.30
Grand Total		76,395	\$336.08

Non-EHB Adjustments
Exhibit 3

Current Pool	Current Plans	Member Months	Non-EHB PMPM
Individual	All	29,807	\$7.22
Small Group	All	46,588	\$5.57
Grand Total		76,395	\$6.22

Multiplier to Remove Non-EHB [1 - (Non-EHB PMPM / Allowed PMPM)]	0.9815
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Utilization Copayment Effect Adjustment
Exhibit 4

Current Pool	Current Plan	Member Months	Allowed Amount	Copay Impact
Individual	All	29,807	\$402.94	0.881
Small Group	All	46,588	\$293.30	0.905
Grand Total		76,395	\$336.08	0.894

Adjustment Factor is the Inverse of the Total	1.118
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**Demographic Adjustment
Exhibit 5**

		Member Months	Average Age Factor ¹	Weighed Average Age ²
Experience Period	Individual	29807	1.0546	42.0
	Small Group	46588	1.0101	40.9
	Combined	76395	1.0274	41.4
Projection Period	Individual	43800	1.0546	42.0
	Small Group	42860	1.0101	40.9
	Combined	86660	1.0326	41.5
Demographic Factor			1.0050	

¹ Average age factor based on CMS Age curve

² Weighted Average Age = Interpolation on age curve of average age factor

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Exhibit 6
Trend Calculation

Category	Weight	2016 to 2018 Annualized Trend
Inpatient Hospital	14.1%	5.0%
Outpatient Hospital	9.7%	2.6%
Professional	58.6%	2.9%
Other	2.7%	2.2%
Prescription Drug	14.6%	7.1%
Capitation	0.3%	1.7%
Composite	100.0%	3.8%

Risk Adjustment and Morbidity Development
Exhibit 7.1

Development of Risk Adjustment Factor Applied to Index Rate

	<u>Small</u>	<u>Individual</u>	<u>Total</u>
Average Members	3,572	3,650	7,222
Adjustment for change in risk in Kaiser membership	100.0%	100.0%	100.00%
Adjustment for risk adjustment recoveries	114.4%	128.9%	

Risk Adjustment and Morbidity Development
Exhibit 7.2

		Estimated 2016	Assumed Change	Projected 2018
Platinum				
(1)	Risk Adjustment Member Months*	5,577		5,834
(2)	HHS Transfer Factor	(0.003)	0.0%	(0.003)
(3)	Statewide Average Premium PMPM	324.97	-8.3%	297.90
(4) = (2) x (3)	Transfer PMPM	(1.02)		(0.93)
(5) = (1) x (4)	Transfer \$	(5,687)		(5,454)
Gold				
(6)	Risk Adjustment Member Months*	7,719		9,469
(7)	HHS Transfer Factor	0.100	0.0%	0.100
(8)	Statewide Average Premium PMPM	324.97	-8.3%	297.90
(9) = (7) x (8)	Transfer PMPM	32.45		29.75
(10) = (6) x (9)	Transfer \$	250,484		281,684
Silver				
(11)	Risk Adjustment Member Months*	8,054		10,818
(12)	HHS Transfer Factor	(0.420)	0.0%	(0.420)
(13)	Statewide Average Premium PMPM	324.97	-8.3%	297.90
(14) = (12) x (13)	Transfer PMPM	(136.64)		(125.26)
(15) = (11) x (14)	Transfer \$	(1,100,574)		(1,355,086)
Bronze				
(16)	Risk Adjustment Member Months*	7,035		17,239
(17)	HHS Transfer Factor	(0.394)	0.0%	(0.394)
(18)	Statewide Average Premium PMPM	324.97	-8.3%	297.90
(19) = (17) x (18)	Transfer PMPM	(128.05)		(117.38)
(20) = (16) x (19)	Transfer \$	(900,849)		(2,023,530)
Catastrophic				
(21)	Risk Adjustment Member Months*	340		440
(22)	HHS Transfer Factor	(0.487)	0.0%	(0.487)
(23)	Statewide Average Premium PMPM (Catastrophic)	85.71	-8.3%	78.57
(24) = (22) x (23)	Transfer PMPM	(41.77)		(38.29)
(25) = (21) x (24)	Transfer \$	(14,216)		(16,837)
Combined				
(26) = (1) + (6) + (11) + (16) + (21)	Total Risk Adjustment Member Months*	28,726		43,800
(27) = (28) / (26)	Total Transfer Paid (PMPM)	(61.65)		(68.72)
(28) = (5) + (10) + (15) + (20) + (25)	Total Transfer Paid	(1,770,841)		(3,119,223)
(29) (29)	Total Transfer Allowed (PMPM)			(98.16)
(30) (30)	Risk Adjustment factor for Market Adjusted Index Rate			1.289

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Development of Risk Adjustment Factor Applied to Index Rate

(31) Adjustment for change in risk in Kaiser membership (assuming no change)	100.0%
(32) Adjustment for risk adjustment recoveries [= (30)]	128.9%
(33) Risk Adjustment fee 1.56/12/ Average Baf / Plan Index Rate	1.0006
(34) Adjustment for net risk adjustment [(32) * (33)]	129.0%

**Risk Adjustment Factor
Exhibit 7.3**

		Estimated 2016	Assumed Change	Projected 2018
Platinum				
(1)	Risk Adjustment Member Months*	16,663		15,344
(2)	HHS Transfer Factor	(0.180)	0.0%	(0.180)
(3)	Statewide Average Premium PMPM	469.57	-3.3%	454.22
(4) = (2) x (3)	Transfer PMPM	(84.40)		(81.64)
(5) = (1) x (4)	Transfer \$	(1,406,405)		(1,252,703)
Gold				
(6)	Risk Adjustment Member Months*	24,571		22,298
(7)	HHS Transfer Factor	(0.035)	0.0%	(0.035)
(8)	Statewide Average Premium PMPM	469.57	-3.3%	454.22
(9) = (7) x (8)	Transfer PMPM	(16.23)		(15.70)
(10) = (6) x (9)	Transfer \$	(398,778)		(350,054)
Silver				
(11)	Risk Adjustment Member Months*	4,233		3,782
(12)	HHS Transfer Factor	0.135	0.0%	0.135
(13)	Statewide Average Premium PMPM	469.57	-3.3%	454.22
(14) = (12) x (13)	Transfer PMPM	63.60		61.52
(15) = (11) x (14)	Transfer \$	269,223		232,685
Bronze				
(16)	Risk Adjustment Member Months*	1,349		1,436
(17)	HHS Transfer Factor	(0.316)	0.0%	(0.316)
(18)	Statewide Average Premium PMPM	469.57	-3.3%	454.22
(19) = (17) x (18)	Transfer PMPM	(148.47)		(143.62)
(20) = (16) x (19)	Transfer \$	(200,268)		(206,268)
Combined				
(21) = (1) + (6) + (11) + (16)	Total Risk Adjustment Member Months*	46,816		42,860
(22) = (23) / (21)	Total Transfer Paid (PMPM)	(37.09)		(34.28)
(23) = (5) + (10) + (15) + (20)	Total Transfer Paid	(1,736,228)		(1,576,339)
(24) (24)	Total Transfer Allowed (PMPM)			(48.97)
(25) (25)	Risk Adjustment factor			1.144

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Development of Risk Adjustment Factor Applied to Index Rate

(26) Adjustment for change in risk in Kaiser membership [assuming no change]	100.0%
(27) Adjustment for risk adjustment recoveries [= (25)]	114.4%
(28) Total Adjustment [(26) * (27)]	114.4%
(29) Risk Adjustment Fee \$1.68/12/Avg BAF/ Plan Index Rate	1.0006
(30) Net Risk Adjustment -> Exhibit 1 line 17	114.5%

CONFIDENTIAL HANDLING REQUESTED

Kaiser Foundation Health Plan of Mid-Atlantic-States - DC
Market: Individual

Exhibit 8

[This Exhibit Not Currently in Use]

Administrative Expense Adjustment - Individual
Exhibit 9

Retention Category	Percent of Revenue
Claims Processing	1.21%
Customer Service	1.32%
Taxes	2.92%
Capital Contribution	-13.04%
Member Communication Materials	0.56%
Open Enrollment	1.79%
Utilization Review	2.78%
Care Management	0.38%
Other - Community Service	0.57%
Corporate and Other Overhead	5.54%
Commissions	1.63%
Total	5.67%

Plan Adjusted Index Rates
Exhibit 10

Plans	Metallic Level	Name	Allowable Modifiers				Plan Adjusted Index Rate
			Plan Design	Utilization Copay Effect	Non-EHB	Admin	
1	Platinum	KP DC Standard Platinum 0/20/Dental	0.9589	0.8908	1.0182	1.0601	482.99
2	Gold	KP DC Gold 0/20/Dental	0.8999	0.8779	1.0182	1.0601	446.70
3	Gold	KP DC Standard Gold 500/25/Dental	0.8793	0.8634	1.0182	1.0601	429.28
4	Gold	KP DC Gold 1000/20/Dental	0.8511	0.8707	1.0182	1.0601	418.99
5	Gold	KP DC Gold 1500/20%/HSA/Dental	0.8429	0.8536	1.0182	1.0601	406.82
6	Silver	KP DC Standard Silver 3500/40/Dental	0.7651	0.8175	1.0182	1.0601	353.66
7	Silver	KP DC Silver 2000/30/Dental	0.7576	0.8298	1.0182	1.0601	355.46
8	Silver	KP DC Silver 6000/35/Dental	0.7727	0.7825	1.0182	1.0601	341.89
9	Silver	KP DC Silver 2750/20%/HSA/Dental	0.7465	0.7924	1.0182	1.0601	334.49
10	Bronze	KP DC Standard Bronze 6000/50/Dental	0.7082	0.7710	1.0182	1.0601	308.73
11	Bronze	KP DC Standard Bronze 6200/20%/HSA/Dental	0.7053	0.7611	1.0182	1.0601	303.54
12	Bronze	KP DC Bronze 6500/60/Dental	0.6937	0.7502	1.0182	1.0601	294.26
13	Catastrophic	KP DC Catastrophic 7350/0/Dental	0.6632	0.7558	1.0182	1.0601	255.08

AV Calculator Values by Plan
Exhibit 11

Plans	Metallic Level	Name	AV
1	Platinum	Plan 1	0.899
2	Gold	Plan 2	0.813
3	Gold	Plan 3	0.819
4	Gold	Plan 4	0.790
5	Gold	Plan 5	0.762
6	Silver	Plan 6	0.720
7	Silver	Plan 7	0.718
8	Silver	Plan 8	0.672
9	Silver	Plan 9	0.700
10	Bronze	Plan 10	0.648
11	Bronze	Plan 11	0.606
12	Bronze	Plan 12	0.625
13	Catastrophic	Plan 13	0.570

Age Calibration Factor
Exhibit 12

	<u>Weighted Average Age</u>	<u>Age Factor</u>
Average Age in the Projection Period	41.5	1.033
Nearest Rounded Age	41.0	1.013
Calibration Factor		0.981

Age Factors
Exhibit 13

Age	Age Slope	Age Factor Indexed to Age 21
20	0.654	0.90
21	0.727	1.00
22	0.727	1.00
23	0.727	1.00
24	0.727	1.00
25	0.727	1.00
26	0.727	1.00
27	0.727	1.00
28	0.744	1.02
29	0.76	1.05
30	0.779	1.07
31	0.799	1.10
32	0.817	1.12
33	0.836	1.15
34	0.856	1.18
35	0.876	1.20
36	0.896	1.23
37	0.916	1.26
38	0.927	1.28
39	0.938	1.29
40	0.975	1.34
41	1.013	1.39
42	1.053	1.45
43	1.094	1.50
44	1.137	1.56
45	1.181	1.62
46	1.227	1.69
47	1.275	1.75
48	1.325	1.82
49	1.377	1.89
50	1.431	1.97
51	1.487	2.05
52	1.545	2.13
53	1.605	2.21
54	1.668	2.29
55	1.733	2.38
56	1.801	2.48
57	1.871	2.57
58	1.944	2.67
59	2.02	2.78
60	2.099	2.89
61	2.181	3.00
62	2.181	3.00
63	2.181	3.00
64+	2.181	3.00

Pediatric Dental Factor Development
Exhibit 14

Current Pool	Current Plan	Member Months	Ped Dental Factor
Individual	All	29,807	1.0035
Small Group	All	46,588	1.0096
Grand Total		76,395	1.0072

Contract Limit of 3 Children Factor
Exhibit 15

Number of Children	Number of KP Subscribers	# of Children Above Rating Cap
0-3	4,414	0
4+	21	30
a	# of Non-rated Dependents	30
b	Total Members	5,933
c	Age Factor, non-rated dep	0.654
d	Age Factor - Total Population	1.033
$e = (b*d - a*c)/(b-a)$	Age Factor - Rated Population	1.034
$f = 1 + a/(b-a) * c/e$	Adjustment Factor	1.003

Based upon historical membership for the ACA risk pool,
both Individual and Small Group

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2018
District of Columbia Individual Exchange
Appendix I

Age	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic
20 and Under	KP DC Standard Platinum 0/20	KP DC Gold 0/20/Dental	KP DC Standard Gold 500/25/Dental	KP DC Gold 1000/20/Dental	KP DC Gold 1500/20%/HSA/Dental	KP DC Standard Silver 3500/40/Dental	KP DC Silver 2000/30/Dental	KP DC Silver 6000/35/Dental	KP DC Silver 2750/20%/HSA/Dental	KP DC Standard Bronze 6000/50/Dental	KP DC Standard Bronze 6200/20%	KP DC Bronze 6500/60/Dental	KP DC Catastrophic 7350/0/Dental
21	\$306.89	\$283.84	\$272.77	\$266.23	\$258.50	\$224.72	\$225.86	\$217.24	\$212.54	\$196.17	\$192.87	\$186.98	\$162.08
22	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
23	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
24	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
25	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
26	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
27	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
28	\$340.13	\$322.90	\$310.30	\$302.86	\$294.07	\$255.64	\$256.94	\$241.78	\$247.14	\$223.16	\$219.41	\$212.71	\$184.38
29	\$356.63	\$329.84	\$316.98	\$309.38	\$300.39	\$261.14	\$262.47	\$246.98	\$252.45	\$227.96	\$224.13	\$217.28	\$188.35
30	\$365.55	\$338.09	\$324.90	\$317.11	\$307.90	\$267.67	\$269.03	\$258.76	\$253.16	\$233.66	\$229.74	\$222.71	\$193.06
31	\$374.94	\$346.77	\$333.24	\$325.25	\$315.81	\$274.54	\$275.93	\$265.40	\$274.54	\$239.66	\$235.63	\$228.43	\$198.01
32	\$383.38	\$354.58	\$340.75	\$332.58	\$322.92	\$280.73	\$282.15	\$271.38	\$265.51	\$245.06	\$240.94	\$233.58	\$202.48
33	\$392.30	\$362.83	\$348.68	\$340.32	\$330.43	\$287.26	\$288.71	\$277.70	\$271.68	\$250.76	\$246.55	\$239.01	\$207.18
34	\$401.68	\$371.51	\$357.02	\$348.46	\$338.34	\$294.13	\$295.62	\$284.34	\$278.18	\$256.76	\$252.44	\$244.73	\$212.14
35	\$411.07	\$380.19	\$365.36	\$356.60	\$346.24	\$301.00	\$302.53	\$290.98	\$284.68	\$262.76	\$258.34	\$250.45	\$217.10
36	\$420.45	\$388.87	\$373.70	\$364.74	\$354.15	\$307.87	\$309.43	\$297.63	\$291.18	\$268.76	\$264.24	\$256.16	\$222.05
37	\$429.84	\$397.55	\$382.04	\$372.88	\$362.05	\$314.74	\$316.34	\$304.27	\$297.68	\$274.76	\$270.14	\$261.88	\$227.01
38	\$435.00	\$402.32	\$386.63	\$377.36	\$366.40	\$318.52	\$320.14	\$307.92	\$301.25	\$278.06	\$273.38	\$265.03	\$229.74
39	\$440.16	\$407.10	\$391.22	\$381.84	\$370.75	\$322.30	\$323.94	\$311.58	\$304.83	\$281.35	\$276.63	\$268.17	\$232.46
40	\$457.52	\$423.15	\$406.65	\$396.90	\$385.37	\$335.02	\$336.72	\$323.87	\$316.85	\$292.45	\$287.54	\$278.75	\$241.63
41	\$475.36	\$439.65	\$422.50	\$412.37	\$400.39	\$348.07	\$349.84	\$336.49	\$329.20	\$303.85	\$298.75	\$289.61	\$251.05
42	\$494.13	\$457.01	\$439.18	\$428.65	\$416.20	\$361.82	\$363.65	\$349.78	\$342.20	\$315.85	\$310.54	\$301.05	\$260.96
43	\$513.37	\$474.80	\$456.28	\$445.34	\$432.41	\$375.91	\$377.81	\$363.40	\$355.53	\$328.15	\$322.63	\$312.77	\$271.12
44	\$533.54	\$493.46	\$474.22	\$462.85	\$449.40	\$390.68	\$392.66	\$377.68	\$369.50	\$341.05	\$335.31	\$325.06	\$281.78
45	\$554.19	\$512.56	\$492.57	\$480.76	\$466.80	\$405.80	\$407.86	\$392.29	\$383.80	\$354.24	\$348.29	\$337.64	\$292.68
46	\$575.78	\$532.52	\$511.75	\$499.48	\$484.98	\$421.61	\$423.74	\$407.57	\$398.75	\$368.04	\$361.86	\$350.79	\$304.09
47	\$598.30	\$553.35	\$531.77	\$519.02	\$503.95	\$438.10	\$440.32	\$423.52	\$414.35	\$382.44	\$376.01	\$364.52	\$315.98
48	\$621.76	\$575.05	\$552.63	\$539.38	\$523.71	\$455.28	\$457.59	\$440.13	\$430.60	\$397.44	\$390.76	\$378.81	\$328.37
49	\$646.16	\$597.62	\$574.31	\$560.54	\$544.27	\$473.15	\$475.55	\$457.40	\$447.49	\$413.03	\$406.09	\$393.08	\$341.26
50	\$671.50	\$621.06	\$596.84	\$582.53	\$565.61	\$491.70	\$494.19	\$475.34	\$465.04	\$429.23	\$422.02	\$409.12	\$354.64
51	\$697.78	\$645.36	\$620.19	\$605.32	\$587.74	\$510.94	\$513.53	\$493.94	\$483.24	\$446.03	\$438.53	\$425.13	\$368.52
52	\$725.00	\$670.54	\$644.38	\$628.93	\$610.67	\$530.87	\$533.56	\$513.20	\$502.09	\$463.43	\$455.64	\$441.71	\$382.89
53	\$753.15	\$696.58	\$669.41	\$653.36	\$634.38	\$551.49	\$554.29	\$533.14	\$521.59	\$481.42	\$473.33	\$458.86	\$397.76
54	\$782.72	\$723.92	\$695.68	\$679.00	\$659.28	\$573.14	\$576.04	\$554.06	\$542.06	\$500.32	\$491.91	\$476.87	\$413.38
55	\$813.22	\$752.13	\$722.79	\$705.46	\$684.98	\$595.47	\$598.49	\$575.65	\$563.19	\$519.82	\$511.08	\$495.46	\$429.49
56	\$845.13	\$781.64	\$751.15	\$733.14	\$711.85	\$618.84	\$621.97	\$598.24	\$585.28	\$540.21	\$531.14	\$514.90	\$446.34
57	\$877.98	\$812.02	\$780.35	\$761.64	\$739.52	\$642.89	\$646.15	\$621.49	\$608.03	\$561.21	\$551.78	\$534.91	\$463.69
58	\$912.23	\$843.70	\$810.80	\$791.36	\$768.38	\$667.97	\$671.36	\$645.74	\$631.76	\$583.11	\$573.31	\$555.78	\$481.78
59	\$947.90	\$876.69	\$842.49	\$822.29	\$798.41	\$694.09	\$697.61	\$665.45	\$650.99	\$605.90	\$595.72	\$577.51	\$500.61
60	\$984.97	\$910.97	\$875.44	\$854.45	\$829.64	\$721.23	\$724.89	\$682.13	\$669.23	\$625.60	\$619.02	\$600.10	\$520.19
61	\$1,023.45	\$946.56	\$909.63	\$887.82	\$862.05	\$749.40	\$753.21	\$724.47	\$708.78	\$654.18	\$643.20	\$623.54	\$540.51
62	\$1,023.45	\$946.56	\$909.63	\$887.82	\$862.05	\$749.40	\$753.21	\$724.47	\$708.78	\$654.18	\$643.20	\$623.54	\$540.51
63	\$1,023.45	\$946.56	\$909.63	\$887.82	\$862.05	\$749.40	\$753.21	\$724.47	\$708.78	\$654.18	\$643.20	\$623.54	\$540.51
64+	\$1,023.45	\$946.56	\$909.63	\$887.82	\$862.05	\$749.40	\$753.21	\$724.47	\$708.78	\$654.18	\$643.20	\$623.54	\$540.51

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

District of Columbia

2018 Direct Payment (Personal Advantage) Rate Filing

HIOS Issuer ID: 94506

HIOS Product ID 94506DC039

Form Numbers: DC-DP-0-0-AI-DENTAL-HMO(01-18)HIX, DC-DP-GOLD-0-20-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-5-CSR(2000)-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-5-CSR(6000)-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO(01-18)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO(01-18)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO(01-18)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO(01-18)HIX, DC-DP-BRONZE-6500-60-DENTAL-DHMO(01-18)HIX, DC-DP-CATASTROPHIC-7350-0-DENTAL-DHMO(01-18)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-1750-30-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-2000-30-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-3500-30-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-SILVER-6000-35-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-BRONZE-6000-50-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-GOLD-500-25-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-SILVER-100-15-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-SILVER-3000-30-CSR-DENTAL-DHMO(01-18)HIX, DC-DP-STANDARD-SILVER-3500-40-DENTAL-DHMO(01-18)HIX, DC-DP-0-0-AI-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-GOLD-1500-20%-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-100-5%-CSR-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-500-10%-CSR-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-1700-20%-CSR-DENTAL-HDHP(01-18)HIX, DC-DP-SILVER-2750-20%-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-STANDARD-BRONZE-6200-20%-HSA-DENTAL-HDHP(01-18)HIX, DC-DP-0-0-AI-DENTAL-HMO-RX(01-18)HIX, DC-DP-GOLD-0-20-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-5-CSR(2000)-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-5-CSR(6000)-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-10-CSR-DENTAL-HMO-RX(01-18)HIX, DC-DP-SILVER-0-15-CSR-DENTAL-HMO-RX(01-18)HIX, DC-DP-STANDARD-PLATINUM-0-20-DENTAL-HMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-0-5-CSR-DENTAL-HMO-RX(01-18)HIX, DC-DP-BRONZE-6500-60-DENTAL-DHMO-RX(01-18)HIX, DC-DP-CATASTROPHIC-7350-DENTAL-DHMO-RX(01-18)HIX, DC-DP-GOLD-1000-20-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-1750-30-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-2000-30-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-3500-30-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-SILVER-6000-35-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-BRONZE-6000-50-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-GOLD-500-25-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-100-15-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-3000-30-CSR-DENTAL-DHMO-RX(01-18)HIX, DC-DP-STANDARD-SILVER-3500-40-DENTAL-DHMO-RX(01-18)HIX

Actuarial Memorandum

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Personal Advantage, the Direct Payment program sold on the individual exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 1, 2018. It is intended to comply with the requirements outlined in the DC Health Benefit Exchange Authority's *2018 Carrier Reference Manual* (April 2017, Version 1). It is not intended for any other purpose.

KFHP an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. KFHP also offers Deductible and High Deductible plans, some of which are HSA qualified. For the purposes of regulation, these are all HMO products.

KFHP will market products to the Individual and Small Group markets through Direct Sales channels and Broker arrangements, as well as on the District of Columbia Marketplace (aka the Exchange). The products are guaranteed issue and guaranteed renewable.

This rate filing applies to forms that are open to new sales and renewals. This filing does not cover grandfathered plans that existed prior to March 23, 2010.

I am the primary contact for this filing. My telephone number is 301-816-6349 and my email address is John.A.Xu@kp.org. Please also include Sheila Schroer on correspondence related to this filing, her email address is Sheila.A.Schroer@kp.org.

Proposed Rate Increases

The percent increase in the Market Adjusted Index Rate from 2017 to 2018 is 19.7%. The drivers of that change are shown in the table below, which contains all the components of the Market Adjusted Index Rate calculation. The numbers shown are the ratio of the 2018 to the 2017 factor, so a 1.000 indicates no impact on the rate change.

Source of Change	2018/2017
Based Period Experience	1.081
Base Period Util Copay	1.007
Pricing Trend	1.010
Morbidity Adjustment	0.987
Risk Adjustment Recoveries	1.080
Reinsurance Recoveries	1.000
Reinsurance Premium	1.000
Average Age Impact	1.005
Additional EHB	1.007
Exchange Fee	1.010
Fixed Cost Adjustment	1.000
Total Market Adjusted Index Rate Change	119.7%

Plan level rate changes are shown in row 26 of Worksheet II in the URRT.

Experience Period Claims

Base period data:

The Revenue Requirement for 2018 for the new ACA plans is developed by accumulating District of Columbia-specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Dues Subsidy, ACA plans and Small Group lines of business incurred in 2016 including the incurred but not reported estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2018. Allowed claims for internal services are allocated costs for medical services delivered within our integrated delivery system while allowed claims for external expenses are calculated as estimated incurred plus member cost sharing.

The calendar 2016 base data includes 76,395 members months (average monthly of 6,366) and is therefore considered 100% credible. To determine credibility, the following formula was used: $\sqrt{(\text{experience period members} / 2,000)}$.

Capitations:

KFHP has contracted with a dental provider to provide dental care to KFHP members. KFHP pays the provider a fixed capitation of \$1.18 PMPM to cover adult preventative. The \$1.18 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, this benefit is added back as part of the non-EHB adjustment in Exhibit 10.

Incurred Estimates on External Expense:

A common reserve tool developed and maintained by KFHP Actuarial Services is used to set KFHP's IBNR reserves. KFHP's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to KFHP's external allowed costs. Most of KFHP's expenses are internal costs, which are allocated and immaterial reporting lag.

The completion factors used to complete the base period external claims are taken from the KFHP's overall commercial line of business by type of service. The claims are incurred in 2016 and paid through 1/31/2017.

Premium:

Premium was captured for calendar year 2016 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

Part I Unified Rate Review Template

Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit 1 line 3. It is the per member per month allowed claims less non-essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 16.

Benefit Categories:

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity

Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

Morbidity and Other Adjustments:

The morbidity adjustments in Section II Worksheet 1 are developed from rows (14) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2018 membership. The development of these factors along with the documentation of these assumptions is included in Exhibit 7.1-7.3.

The “Other” adjustment in Section II Worksheet I is an adjustment to reflect things other than a change in population morbidity, cost trend, and utilization trend.

Included in the “Other” adjustment is the base period utilization copay effect from Exhibit 4. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the reference plan. “Other” also includes additional EHB benefits in the projection period.

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

Paid to Allowed Ratio:

The Paid to Allowed Average Factor in the Projection Period in Section III of Worksheet I is an average plan factor for the plans listed in Worksheet II. It represents the change from the average benefit plan allowed amount to the average paid amount across the 2018 plans based on weightings in Worksheet 2 of the URRT.

The factor in cell v33 in Worksheet I of the URRT is calculated by weighting the plan design factors in Exhibit 10 by the projected members and allowed costs by plans in rows 82 and 101, respectively, of Worksheet II of the URRT.

Estimated Average Annual Premium per Policy:

The estimated average annual premium per policy based on the URRT and SERFF data included in the filing is \$5,046.50.

Risk Adjustment

Exhibit 7.1-7.3 documents the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the expected change in morbidity of the members covered by these plans relative to the members in the base period (2016) data. It is also adjusted to reflect the risk adjustment receipts anticipated in the rating period (2018) based on the expected risk profile relative to the market of the Individual line only based on DISB guidance.

Exhibits 7.2 and 7.3 include the detailed development of risk adjustment factors and the impact on Individual and Small Group separately. Development is included at the metal level and includes the expected enrollment shift among metal tiers. Then the Risk Adjustment factor for Market Adjusted Index Rate is calculated. This value is used to determine the expected risk adjustment impact to the index rate.

Reinsurance

Reinsurance is a temporary ACA program. The reinsurance program would end with the 2016 benefit year. Reinsurance only affects the rates in the base period (2016), not the rates in the projected period (2018).

Exhibit 8 was used to show the development of the reinsurance adjustment. This exhibit is not currently in use.

Administrative Expense

Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount needed to maintain and expand Kaiser's medical center facilities where members receive the majority of their health care. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

Profit and Risk Margin

As mentioned above, the capital contribution of -13.04%, shown in Exhibit 9, is an amount to maintain and expand Kaiser's medical center facilities where members receive the majority of their healthcare. In order to make our rates more affordable to our ACA Individual members, we decided to phase in the required rate increase over several years to make the 2018 rates more affordable.

Taxes and Fees

Administrative expenses have been adjusted to reflect the federal PCORI tax and the change in federal health insurance provider tax. The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. Thus, health insurance issuers are not required to pay these fees for 2017. Since this health insurance provider fee is only suspended for 2017, we added it back in 2018 rate filing.

The amount is shown as percent in Exhibit 9.

Projected Loss Ratio

Based on a target admin percentage of 5.67%, which includes a -13.04% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 97.2%. The ultimate MLR would be expected to be slightly higher due to the allowed adjustments to both claims and premium in the federally prescribed methodology.

Market Adjusted Index Rate

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment and Reinsurance described above have been considered in the development and are documented below.

Utilization copayment effect adjustment:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

Demographic Adjustment:

The Demographic Adjustment shown in Exhibit 5 represents the expected change in the average member age from the base period to the projection period. We have assumed that the average age in the projection period is unchanged from the base period. However, due to slight difference in the average age between the Individual and Small group, there is a small change in the combined average age because of different growth in the Individual and Small Group members.

Embedded Pediatric Dental Adjustment:

KFHP is embedding pediatric dental benefits into its 2018 plans. KFHP will pay a dental provider a fixed per child per month capitation. Exhibit 14 shows the assumptions and development of the index rate adjustment factor to reflect the capitation on a per member per month basis by adjusting the index rate.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends fall out of the development of projected budgeted costs. For 2016 to 2018, our projected total annualized medical expense trend for Individual is 3.8% and is shown in Exhibit 6 of our filing.

Alternative AV Calculations

Plan designs have been changed to waive primary office visit copays for children younger than five. As the AV calculator does not have an adjustment to account for this benefit, we lowered the copay amount 16% by multiplying the actual copay by a factor of 0.84. For example, a \$20 primary office visit copay is entered as \$16.80. The 16% adjustment is based on KFHP data (as a proxy for a standard population). Primary care utilization was divided between children under five and all other members. The data showed 16% of primary care visits were attributed to children under five. I certify the calculation to be actuarially sound.

Before 2018 rate filing, CCIIO AV calculator did not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). In 2018, outpatient facility copay option is available in the new AV calculator. We don't need the OP Copay Converter to be used with the AV calculator in 2018 rate filing.

AV Pricing Values

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to KFHP experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit 10 indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate. The plan factor shown in Exhibit 10 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

The rates for the catastrophic plan were calculated by multiplying the plan factor, non-EHB adjustment, age factors, and the administrative expense factor by a modified index rate. Because the small and individual pools are combined in 2018, we could not use the methodology to estimate the catastrophic index rate we had developed for other jurisdictions where the pools were separate. Therefore, we have used the modeled impact from these other jurisdictions as a guide. We have adjusted the index rate lower by 10% to represent the expected average cost per member.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by DISB.

Exhibit 12 shows the development of the age calibration factor. The development starts with the average age in the projection period from Exhibit 5. That age is rounded to the nearest age and the age factor is pulled from the DISB age curve. As described in the Actuarial Memorandum instructions, the ratio of the age factor for the nearest rounded age to the age factor for the average age in the projection period is the age calibration factor used in the rate development.

Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

Contract limit of 3 Children factor

This adjustment from Exhibit 15 represents the revenue amount lost because we will not bill families with more than 3 children under the age of 21, i.e., these families will not be charged for more than three child dependents.

Additional URRT Items

Membership Projections:

The total membership projection included across new plans in Section II of Worksheet 2 is consistent with KFHP's expected market share of that growth. Detailed assumptions are presented and documented in Exhibit 7.1-7.3. Projected Membership distribution among metal tiers is based on February 2017 membership distribution.

An assumption is made in Worksheet 2 as to the distribution of members by product based on KFHP's expected distribution of membership by metal level.

Warning Alert:

There are no warning alerts in the URRT.

Summary Rate Calculation

Exhibit 1 shows the development of the Market Adjusted Index Rate from the base period Medical Cost Data. The Plan Adjusted Index Rates are calculated using the Market Adjusted Index Rate and the allowable plan adjustment factors in Exhibit 10. The final 2018 Consumer Adjusted Premium Rates are developed by applying the age slope, contract limit of 3 children factor, and age calibration to the Plan Adjusted Index Rates to generate age specific rates.

Exhibit Table of Contents:

The following exhibits are included in this filing:

- Exhibit 1 – Market Adjusted Index Rate Calculation
- Exhibit 2 – Allowed Claims Development
- Exhibit 3 –Non-EHB Adjustments
- Exhibit 4 – Utilization Copayment Effect Adjustment
- Exhibit 5 – Demographic Adjustment
- Exhibits 6 – Trend Calculation
- Exhibits 7.1 - Risk Adjustment and Morbidity Development – Combined Small and Individual
- Exhibits 7.2 - Risk Adjustment and Morbidity Development – Individual Line of Business
- Exhibits 7.3 - Risk Adjustment and Morbidity Development – Small Group Line of Business
- Exhibit 8 – was Reinsurance Adjustment Factor, this exhibit not currently in use
- Exhibit 9 – Administrative Expense Adjustment
- Exhibit 10 – Plan Adjusted Index Rates Development
- Exhibit 11 - AV Calculator Values by Plan
- Exhibit 12 – Age Calibration
- Exhibit 13 – Age Factors
- Exhibit 14 – Embedded Pediatric Dental Adjustment Factor
- Exhibit 15 – Contract Limit of 3 Children Factor
- Appendix I - Rate Sheet

Certification

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. I further certify:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 156.80(d)(2) were used to generate plan level rates.
3. The percent of total premium that represents EHB included in Worksheet 2, Sections III and IV, was calculated in accordance with actuarial standards of practice.
4. No geographic rating factors were used in the rate development.
5. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans.

This actuarial opinion is qualified such that the information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of April 28, 2017. Changes to the applicable regulations, including but not limited to termination of the Cost Share Reduction Subsidies, Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient and would necessitate revisions to this filing.



John Xu, FSA, MAAA
Actuarial Manager
Kaiser Foundation Health Plan, Inc.
4/28/2017

**Index Rate Development
Summary Index Rate Calculation
Exhibit 1**

			<u>Source</u>
(1)	Base Period Allowed	\$336.08	Exhibit 2
(2)	Non-EHB Claims Adjustment	0.982	Exhibit 3
(3)	Experience Period Index Rate	\$329.86	(1) * (2)
(4)	Product/Network Adjustment	1.000	
(5)	Adjusted Base Period Allowed	\$329.86	(3) * (4)
(6)	Base Period Utilization Adjustment	1.118	Exhibit 4
(7)	Projection Period Utilization Adjustment	0.845	
(8)	Demographic Adjustment	1.005	Exhibit 5
(9)	Product/Network Moribidty Adjustment	1.000	
(10)	Additional EHB (including Ped Dental)	1.007	Exhibit 14
(10)	Annualized Trend	3.8%	Exhibit 6
(11)	Months of Trend	24	
(12)	Trend Factor	1.077	$\{1 + (10)\}^{\{(11) / 12\}}$
(14)	Change in Morbidity	1.000	Exhibit 7
(15)	Contract Limit of 3 Children Factor	1.000	3 children factor not allowed in the Index Rate
(16)	Combined Projection Period Index Rate Prior to Separate Modifiers	\$339.96	(5) * (6) * (7) * (8) * (9) * (10) * (12) * (13) * (14) * (15)
(17)	Risk Adjustment	1.290	Exhibit 7
(18)	Reinsurance Recovery	1.000	Exhibit 8
(19)	Reinsurance Premium	1.000	Exhibit 8
(20)	Exchange fee	1.010	
(21)	Market Adjusted Index Rate	\$442.76	(16) * (17) * (18) * (19) * (20)

Allowed Claims Development
Exhibit 2

Current Pool	Current Plans	Member Months	Total
Individual	All	29,807	\$402.94
Small Group	All	46,588	\$293.30
Grand Total		76,395	\$336.08

Non-EHB Adjustments
Exhibit 3

Current Pool	Current Plans	Member Months	Non-EHB PMPM
Individual	All	29,807	\$7.22
Small Group	All	46,588	\$5.57
Grand Total		76,395	\$6.22

Multiplier to Remove Non-EHB [1 - (Non-EHB PMPM / Allowed PMPM)]	0.9815
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Utilization Copayment Effect Adjustment
Exhibit 4

Current Pool	Current Plan	Member Months	Allowed Amount	Copay Impact
Individual	All	29,807	\$402.94	0.881
Small Group	All	46,588	\$293.30	0.905
Grand Total		76,395	\$336.08	0.894

Adjustment Factor is the Inverse of the Total	1.118
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Demographic Adjustment
Exhibit 5

		Member Months	Average Age Factor ¹	Weighed Average Age ²
Experience Period	Individual	29807	1.0546	42.0
	Small Group	46588	1.0101	40.9
	Combined	76395	1.0274	41.4
Projection Period	Individual	43800	1.0546	42.0
	Small Group	42860	1.0101	40.9
	Combined	86660	1.0326	41.5
Demographic Factor			1.0050	

¹ Average age factor based on CMS Age curve

² Weighted Average Age = Interpolation on age curve of average age factor

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Exhibit 6
Trend Calculation

Category	Weight	2016 to 2018 Annualized Trend
Inpatient Hospital	14.1%	5.0%
Outpatient Hospital	9.7%	2.6%
Professional	58.6%	2.9%
Other	2.7%	2.2%
Prescription Drug	14.6%	7.1%
Capitation	0.3%	1.7%
Composite	100.0%	3.8%

Risk Adjustment and Morbidity Development
Exhibit 7.1

Development of Risk Adjustment Factor Applied to Index Rate

	<u>Small</u>	<u>Individual</u>	<u>Total</u>
Average Members	3,572	3,650	7,222
Adjustment for change in risk in Kaiser membership	100.0%	100.0%	100.00%
Adjustment for risk adjustment recoveries	114.4%	128.9%	

Risk Adjustment and Morbidity Development
Exhibit 7.2

		Estimated 2016	Assumed Change	Projected 2018
Platinum				
(1)	Risk Adjustment Member Months*	5,577		5,834
(2)	HHS Transfer Factor	(0.003)	0.0%	(0.003)
(3)	Statewide Average Premium PMPM	324.97	-8.3%	297.90
(4) = (2) x (3)	Transfer PMPM	(1.02)		(0.93)
(5) = (1) x (4)	Transfer \$	(5,687)		(5,454)
Gold				
(6)	Risk Adjustment Member Months*	7,719		9,469
(7)	HHS Transfer Factor	0.100	0.0%	0.100
(8)	Statewide Average Premium PMPM	324.97	-8.3%	297.90
(9) = (7) x (8)	Transfer PMPM	32.45		29.75
(10) = (6) x (9)	Transfer \$	250,484		281,684
Silver				
(11)	Risk Adjustment Member Months*	8,054		10,818
(12)	HHS Transfer Factor	(0.420)	0.0%	(0.420)
(13)	Statewide Average Premium PMPM	324.97	-8.3%	297.90
(14) = (12) x (13)	Transfer PMPM	(136.64)		(125.26)
(15) = (11) x (14)	Transfer \$	(1,100,574)		(1,355,086)
Bronze				
(16)	Risk Adjustment Member Months*	7,035		17,239
(17)	HHS Transfer Factor	(0.394)	0.0%	(0.394)
(18)	Statewide Average Premium PMPM	324.97	-8.3%	297.90
(19) = (17) x (18)	Transfer PMPM	(128.05)		(117.38)
(20) = (16) x (19)	Transfer \$	(900,849)		(2,023,530)
Catastrophic				
(21)	Risk Adjustment Member Months*	340		440
(22)	HHS Transfer Factor	(0.487)	0.0%	(0.487)
(23)	Statewide Average Premium PMPM (Catastrophic)	85.71	-8.3%	78.57
(24) = (22) x (23)	Transfer PMPM	(41.77)		(38.29)
(25) = (21) x (24)	Transfer \$	(14,216)		(16,837)
Combined				
(26) = (1) + (6) + (11) + (16) + (21)	Total Risk Adjustment Member Months*	28,726		43,800
(27) = (28) / (26)	Total Transfer Paid (PMPM)	(61.65)		(68.72)
(28) = (5) + (10) + (15) + (20) + (25)	Total Transfer Paid	(1,770,841)		(3,119,223)
(29) (29)	Total Transfer Allowed (PMPM)			(98.16)
(30) (30)	Risk Adjustment factor for Market Adjusted Index Rate			1.289

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Development of Risk Adjustment Factor Applied to Index Rate		
(31) Adjustment for change in risk in Kaiser membership (assuming no change)		100.0%
(32) Adjustment for risk adjustment recoveries [= (30)]		128.9%
(33) Risk Adjustment fee 1.56/12/ Average Baf / Plan Index Rate		1.0006
(34) Adjustment for net risk adjustment [(32) * (33)]		129.0%

**Risk Adjustment Factor
Exhibit 7.3**

		Estimated 2016	Assumed Change	Projected 2018
Platinum				
(1)	Risk Adjustment Member Months*	16,663		15,344
(2)	HHS Transfer Factor	(0.180)	0.0%	(0.180)
(3)	Statewide Average Premium PMPM	469.57	-3.3%	454.22
(4) = (2) x (3)	Transfer PMPM	(84.40)		(81.64)
(5) = (1) x (4)	Transfer \$	(1,406,405)		(1,252,703)
Gold				
(6)	Risk Adjustment Member Months*	24,571		22,298
(7)	HHS Transfer Factor	(0.035)	0.0%	(0.035)
(8)	Statewide Average Premium PMPM	469.57	-3.3%	454.22
(9) = (7) x (8)	Transfer PMPM	(16.23)		(15.70)
(10) = (6) x (9)	Transfer \$	(398,778)		(350,054)
Silver				
(11)	Risk Adjustment Member Months*	4,233		3,782
(12)	HHS Transfer Factor	0.135	0.0%	0.135
(13)	Statewide Average Premium PMPM	469.57	-3.3%	454.22
(14) = (12) x (13)	Transfer PMPM	63.60		61.52
(15) = (11) x (14)	Transfer \$	269,223		232,685
Bronze				
(16)	Risk Adjustment Member Months*	1,349		1,436
(17)	HHS Transfer Factor	(0.316)	0.0%	(0.316)
(18)	Statewide Average Premium PMPM	469.57	-3.3%	454.22
(19) = (17) x (18)	Transfer PMPM	(148.47)		(143.62)
(20) = (16) x (19)	Transfer \$	(200,268)		(206,268)
Combined				
(21) = (1) + (6) + (11) + (16)	Total Risk Adjustment Member Months*	46,816		42,860
(22) = (23) / (21)	Total Transfer Paid (PMPM)	(37.09)		(34.28)
(23) = (5) + (10) + (15) + (20)	Total Transfer Paid	(1,736,228)		(1,576,339)
(24) (24)	Total Transfer Allowed (PMPM)			(48.97)
(25) (25)	Risk Adjustment factor			1.144

*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[\frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

Development of Risk Adjustment Factor Applied to Index Rate

(26) Adjustment for change in risk in Kaiser membership [assuming no change]	100.0%
(27) Adjustment for risk adjustment recoveries [= (25)]	114.4%
(28) Total Adjustment [(26) * (27)]	114.4%
(29) Risk Adjustment Fee \$1.68/12/Avg BAF/ Plan Index Rate	1.0006
(30) Net Risk Adjustment -> Exhibit 1 line 17	114.5%

CONFIDENTIAL HANDLING REQUESTED

Kaiser Foundation Health Plan of Mid-Atlantic-States - DC
Market: Individual

Exhibit 8

[This Exhibit Not Currently in Use]

Administrative Expense Adjustment - Individual
Exhibit 9

Retention Category	Percent of Revenue
Claims Processing	1.21%
Customer Service	1.32%
Taxes	2.92%
Capital Contribution	-13.04%
Member Communication Materials	0.56%
Open Enrollment	1.79%
Utilization Review	2.78%
Care Management	0.38%
Other - Community Service	0.57%
Corporate and Other Overhead	5.54%
Commissions	1.63%
Total	5.67%

Plan Adjusted Index Rates
Exhibit 10

Plans	Metallic Level	Name	Allowable Modifiers				Plan Adjusted Index Rate
			Plan Design	Utilization Copay Effect	Non-EHB	Admin	
1	Platinum	KP DC Standard Platinum 0/20/Dental	0.9589	0.8908	1.0182	1.0601	482.99
2	Gold	KP DC Gold 0/20/Dental	0.8999	0.8779	1.0182	1.0601	446.70
3	Gold	KP DC Standard Gold 500/25/Dental	0.8793	0.8634	1.0182	1.0601	429.28
4	Gold	KP DC Gold 1000/20/Dental	0.8511	0.8707	1.0182	1.0601	418.99
5	Gold	KP DC Gold 1500/20%/HSA/Dental	0.8429	0.8536	1.0182	1.0601	406.82
6	Silver	KP DC Standard Silver 3500/40/Dental	0.7651	0.8175	1.0182	1.0601	353.66
7	Silver	KP DC Silver 2000/30/Dental	0.7576	0.8298	1.0182	1.0601	355.46
8	Silver	KP DC Silver 6000/35/Dental	0.7727	0.7825	1.0182	1.0601	341.89
9	Silver	KP DC Silver 2750/20%/HSA/Dental	0.7465	0.7924	1.0182	1.0601	334.49
10	Bronze	KP DC Standard Bronze 6000/50/Dental	0.7082	0.7710	1.0182	1.0601	308.73
11	Bronze	KP DC Standard Bronze 6200/20%/HSA/Dental	0.7053	0.7611	1.0182	1.0601	303.54
12	Bronze	KP DC Bronze 6500/60/Dental	0.6937	0.7502	1.0182	1.0601	294.26
13	Catastrophic	KP DC Catastrophic 7350/0/Dental	0.6632	0.7558	1.0182	1.0601	255.08

AV Calculator Values by Plan
Exhibit 11

Plans	Metallic Level	Name	AV
1	Platinum	Plan 1	0.899
2	Gold	Plan 2	0.813
3	Gold	Plan 3	0.819
4	Gold	Plan 4	0.790
5	Gold	Plan 5	0.762
6	Silver	Plan 6	0.720
7	Silver	Plan 7	0.718
8	Silver	Plan 8	0.672
9	Silver	Plan 9	0.700
10	Bronze	Plan 10	0.648
11	Bronze	Plan 11	0.606
12	Bronze	Plan 12	0.625
13	Catastrophic	Plan 13	0.570

Age Calibration Factor
Exhibit 12

	<u>Weighted Average Age</u>	<u>Age Factor</u>
Average Age in the Projection Period	41.5	1.033
Nearest Rounded Age	41.0	1.013
Calibration Factor		0.981

Age Factors
Exhibit 13

Age	Age Slope	Age Factor Indexed to Age 21
20	0.654	0.90
21	0.727	1.00
22	0.727	1.00
23	0.727	1.00
24	0.727	1.00
25	0.727	1.00
26	0.727	1.00
27	0.727	1.00
28	0.744	1.02
29	0.76	1.05
30	0.779	1.07
31	0.799	1.10
32	0.817	1.12
33	0.836	1.15
34	0.856	1.18
35	0.876	1.20
36	0.896	1.23
37	0.916	1.26
38	0.927	1.28
39	0.938	1.29
40	0.975	1.34
41	1.013	1.39
42	1.053	1.45
43	1.094	1.50
44	1.137	1.56
45	1.181	1.62
46	1.227	1.69
47	1.275	1.75
48	1.325	1.82
49	1.377	1.89
50	1.431	1.97
51	1.487	2.05
52	1.545	2.13
53	1.605	2.21
54	1.668	2.29
55	1.733	2.38
56	1.801	2.48
57	1.871	2.57
58	1.944	2.67
59	2.02	2.78
60	2.099	2.89
61	2.181	3.00
62	2.181	3.00
63	2.181	3.00
64+	2.181	3.00

Pediatric Dental Factor Development
Exhibit 14

Current Pool	Current Plan	Member Months	Ped Dental Factor
Individual	All	29,807	1.0035
Small Group	All	46,588	1.0096
Grand Total		76,395	1.0072

Contract Limit of 3 Children Factor
Exhibit 15

Number of Children	Number of KP Subscribers	# of Children Above Rating Cap
0-3	4,414	0
4+	21	30
a	# of Non-rated Dependents	30
b	Total Members	5,933
c	Age Factor, non-rated dep	0.654
d	Age Factor - Total Population	1.033
$e = (b*d - a*c)/(b-a)$	Age Factor - Rated Population	1.034
$f = 1 + a/(b-a) * c/e$	Adjustment Factor	1.003

Based upon historical membership for the ACA risk pool,
both Individual and Small Group

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2018
District of Columbia Individual Exchange
Appendix I

Age	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic
20 and Under	KP DC Standard Platinum 0/20	KP DC Gold 0/20/Dental	KP DC Standard Gold 500/25/Dental	KP DC Gold 1000/20/Dental	KP DC Gold 1500/20%/HSA/Dental	KP DC Standard Silver 3500/40/Dental	KP DC Silver 2000/30/Dental	KP DC Silver 6000/35/Dental	KP DC Silver 2750/20%/HSA/Dental	KP DC Standard Bronze 6000/50/Dental	KP DC Standard Bronze 6200/20%	KP DC Bronze 6500/60/Dental	KP DC Catastrophic 7350/0/Dental
21	\$306.89	\$283.84	\$272.77	\$266.23	\$258.50	\$224.72	\$225.86	\$217.24	\$212.54	\$196.17	\$192.87	\$186.98	\$162.08
22	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
23	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
24	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
25	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
26	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
27	\$341.15	\$315.52	\$303.21	\$295.94	\$287.35	\$249.80	\$251.07	\$241.49	\$236.26	\$218.06	\$214.40	\$207.85	\$180.17
28	\$340.13	\$322.90	\$310.30	\$302.86	\$294.07	\$255.64	\$256.94	\$241.78	\$247.14	\$223.16	\$219.41	\$212.71	\$184.38
29	\$356.63	\$329.84	\$316.98	\$309.38	\$300.39	\$261.14	\$262.47	\$246.98	\$252.45	\$227.96	\$224.13	\$217.28	\$188.35
30	\$365.55	\$338.09	\$324.90	\$317.11	\$307.90	\$267.67	\$269.03	\$258.76	\$253.16	\$233.66	\$229.74	\$222.71	\$193.06
31	\$374.94	\$346.77	\$333.24	\$325.25	\$315.81	\$274.54	\$275.93	\$265.40	\$272.54	\$259.66	\$255.63	\$248.43	\$198.01
32	\$383.38	\$354.58	\$340.75	\$332.58	\$322.92	\$280.73	\$282.15	\$271.38	\$265.51	\$245.06	\$240.94	\$233.58	\$202.48
33	\$392.30	\$362.83	\$348.68	\$340.32	\$330.43	\$287.26	\$288.71	\$277.70	\$271.68	\$250.76	\$246.55	\$239.01	\$207.18
34	\$401.68	\$371.51	\$357.02	\$348.46	\$338.34	\$294.13	\$295.62	\$284.34	\$278.18	\$256.76	\$252.44	\$244.73	\$212.14
35	\$411.07	\$380.19	\$365.36	\$356.60	\$346.24	\$301.00	\$302.53	\$290.98	\$284.68	\$262.76	\$258.34	\$250.45	\$217.10
36	\$420.45	\$388.87	\$373.70	\$364.74	\$354.15	\$307.87	\$309.43	\$297.63	\$291.18	\$268.76	\$264.24	\$256.16	\$222.05
37	\$429.84	\$397.55	\$382.04	\$372.88	\$362.05	\$314.74	\$316.34	\$304.27	\$297.68	\$274.76	\$270.14	\$261.88	\$227.01
38	\$435.00	\$402.32	\$386.63	\$377.36	\$366.40	\$318.52	\$320.14	\$307.92	\$301.25	\$278.06	\$273.38	\$265.03	\$229.74
39	\$440.16	\$407.10	\$391.22	\$381.84	\$370.75	\$322.30	\$323.94	\$311.58	\$304.83	\$281.35	\$276.63	\$268.17	\$232.46
40	\$457.52	\$423.15	\$406.65	\$396.90	\$385.37	\$335.02	\$336.72	\$323.87	\$316.85	\$292.45	\$287.54	\$278.75	\$241.63
41	\$475.36	\$439.65	\$422.50	\$412.37	\$400.39	\$348.07	\$349.84	\$336.49	\$329.20	\$303.85	\$298.75	\$289.61	\$251.05
42	\$494.13	\$457.01	\$439.18	\$428.65	\$416.20	\$361.82	\$363.65	\$349.78	\$342.20	\$315.85	\$310.54	\$301.05	\$260.96
43	\$513.37	\$474.80	\$456.28	\$445.34	\$432.41	\$375.91	\$377.81	\$363.40	\$355.53	\$328.15	\$322.63	\$312.77	\$271.12
44	\$533.54	\$493.46	\$474.22	\$462.85	\$449.40	\$390.68	\$392.66	\$377.68	\$369.50	\$341.05	\$335.31	\$325.06	\$281.78
45	\$554.19	\$512.56	\$492.57	\$480.76	\$466.80	\$405.80	\$407.86	\$392.29	\$383.80	\$354.24	\$348.29	\$337.64	\$292.68
46	\$575.78	\$532.52	\$511.75	\$499.48	\$484.98	\$421.61	\$423.74	\$407.57	\$398.75	\$368.04	\$361.86	\$350.79	\$304.09
47	\$598.30	\$553.35	\$531.77	\$519.02	\$503.95	\$438.10	\$440.32	\$423.52	\$414.35	\$382.44	\$376.01	\$364.52	\$315.98
48	\$621.76	\$575.05	\$552.63	\$539.38	\$523.71	\$455.28	\$457.59	\$440.13	\$430.60	\$397.44	\$390.76	\$378.81	\$328.37
49	\$646.16	\$597.62	\$574.31	\$560.54	\$544.27	\$473.15	\$475.55	\$457.40	\$447.49	\$413.03	\$406.09	\$393.08	\$341.26
50	\$671.50	\$621.06	\$596.84	\$582.53	\$565.61	\$491.70	\$494.19	\$475.34	\$465.04	\$429.23	\$422.02	\$409.12	\$354.64
51	\$697.78	\$645.36	\$620.19	\$605.32	\$587.74	\$510.94	\$513.53	\$493.94	\$483.24	\$446.03	\$438.53	\$425.13	\$368.52
52	\$725.00	\$670.54	\$644.38	\$628.93	\$610.67	\$530.87	\$533.56	\$513.20	\$502.09	\$463.43	\$455.64	\$441.71	\$382.89
53	\$753.15	\$696.58	\$669.41	\$653.36	\$634.38	\$551.49	\$554.29	\$533.14	\$521.59	\$481.42	\$473.33	\$458.86	\$397.76
54	\$782.72	\$723.92	\$695.68	\$679.00	\$659.28	\$573.14	\$576.04	\$554.06	\$542.06	\$500.32	\$491.91	\$476.87	\$413.38
55	\$813.22	\$752.13	\$722.79	\$705.46	\$684.98	\$595.47	\$598.49	\$575.65	\$563.19	\$519.82	\$511.08	\$495.46	\$429.49
56	\$845.13	\$781.64	\$751.15	\$733.14	\$711.85	\$618.84	\$621.97	\$598.24	\$585.28	\$540.21	\$531.14	\$514.90	\$446.34
57	\$877.98	\$812.02	\$780.35	\$761.64	\$739.52	\$642.89	\$646.15	\$621.49	\$608.03	\$561.21	\$551.78	\$534.91	\$463.69
58	\$912.23	\$843.70	\$810.80	\$791.36	\$768.38	\$667.97	\$671.36	\$645.74	\$631.76	\$583.11	\$573.31	\$555.78	\$481.78
59	\$947.90	\$876.69	\$842.49	\$822.29	\$798.41	\$694.09	\$697.61	\$665.45	\$650.99	\$595.72	\$585.72	\$567.31	\$500.61
60	\$984.97	\$910.97	\$875.44	\$854.45	\$829.64	\$721.23	\$724.89	\$682.13	\$669.23	\$625.60	\$619.02	\$600.10	\$520.19
61	\$1,023.45	\$946.56	\$909.63	\$887.82	\$862.05	\$749.40	\$753.21	\$724.47	\$708.78	\$654.18	\$643.20	\$623.54	\$540.51
62	\$1,023.45	\$946.56	\$909.63	\$887.82	\$862.05	\$749.40	\$753.21	\$724.47	\$708.78	\$654.18	\$643.20	\$623.54	\$540.51
63	\$1,023.45	\$946.56	\$909.63	\$887.82	\$862.05	\$749.40	\$753.21	\$724.47	\$708.78	\$654.18	\$643.20	\$623.54	\$540.51
64+	\$1,023.45	\$946.56	\$909.63	\$887.82	\$862.05	\$749.40	\$753.21	\$724.47	\$708.78	\$654.18	\$643.20	\$623.54	\$540.51



KAISER PERMANENTE®

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
2101 East Jefferson Street Rockville, Maryland 20852

May 1, 2017

Mr. Efren Tanhehco
Supervisory Actuary
Department of Insurance and Securities
Insurance Product Division
810 First Street, N.E.
Washington, DC 20002

Re: NAIC #: 95639
HIOS Issuer ID 94506
Individual On-Exchange Rate Filing
Filing #1

Dear Mr. Tanhehco,

Attached is the Individual on-exchange rate filing for Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser) for a premium rate change effective January 1, 2018. Kaiser is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified.

The overall impact to the index rate is 19.7%.

Sincerely,

Stephen Chuang
Actuarial Analyst
Kaiser Foundation Health Plan, Inc.
Phone: 301-816-5854
Fax: 301-816-7124
Email: stephen.chuang@kp.org

Annual Rate Change Distribution

	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	0	0	0
Reduction of 5.01% to 10.00%	0	0	0
Reduction of 0.01% to 5.00%	0	0	0
No Change	0	0	0
Increase of 0.01% to 5.00%	0	0	0
Increase of 5.01% to 10.00%	892	1,037	0
Increase of 10.01% to 14.99%	527	612	0
Increase of 15.00% or more	610	709	0
Total	2,029	2,358	0

History of Rate Changes

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2015	4.10%	4.10%
2016	6.60%	6.60%
2017	12.00%	12.00%

Retention

	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Dates					
Commissions & Brokers Fees	\$6.14	\$6.14	\$6.11	-0.54%	-0.54%
Marketing & Advertising	\$2.12	\$2.12	\$2.54	19.89%	19.89%
Payroll and Benefits	\$22.35	\$22.35	\$26.79	19.89%	19.89%
Taxes, Licenses & Fees	\$7.19	\$7.19	\$10.93	52.15%	52.15%
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$24.56	\$24.56	\$23.77	-3.19%	-3.19%
Profit/Risk Margin	-\$12.94	-\$12.94	-\$48.89	277.80%	277.80%

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
Commissions & Brokers Fees	1.75%	1.75%	1.63%	-7.07%	-7.07%
Marketing & Advertising	0.60%	0.60%	0.68%	12.02%	12.02%
Payroll and Benefits	6.38%	6.38%	7.14%	12.02%	12.02%
Taxes, Licenses & Fees	2.05%	2.05%	2.92%	42.16%	42.16%
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	7.01%	7.01%	6.34%	-9.55%	-9.55%
Profit/Risk Margin	-3.69%	-3.69%	-13.04%	252.99%	252.99%

Trend & Projection Assumptions

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development	Month	Member Months	Monthly Incurred Claims \$ PMPM	Rolling 12 Mo Trend	Annualized Rolling 6 Mo Trend	Annualized Rolling 3 Mo Trend
	Jan-2014	4,180	\$327.33			
	Feb-2014	4,318	\$321.09			
	Mar-2014	4,356	\$316.41			
	Apr-2014	4,455	\$302.05			
	May-2014	4,731	\$257.36			
	Jun-2014	4,675	\$321.03			-6.52%
	Jul-2014	4,654	\$433.80			76.43%
	Aug-2014	4,648	\$212.52			71.03%
	Sep-2014	4,658	\$359.58			76.08%
	Oct-2014	4,699	\$340.11			-34.56%
	Nov-2014	4,716	\$337.56			35.72%
	Dec-2014	4,701	\$333.87		32.66%	6.89%
	Jan-2015	6,177	\$295.60	1222.44%	9.27%	87.80%
	Feb-2015	6,247	\$259.12	565.33%	36.73%	12.85%
	Mar-2015	6,604	\$299.20	357.91%	35.52%	68.18%
	Apr-2015	6,500	\$307.58	257.37%	38.30%	58.20%
	May-2015	6,334	\$284.99	201.17%	32.65%	76.59%
	Jun-2015	6,273	\$293.59	150.19%	37.39%	17.70%
	Jul-2015	6,167	\$438.44	107.45%	66.79%	66.12%
	Aug-2015	6,105	\$315.13	97.52%	53.74%	56.89%
	Sep-2015	6,184	\$347.72	75.52%	48.93%	107.70%
	Oct-2015	6,275	\$304.01	58.28%	35.84%	-21.26%
	Nov-2015	6,312	\$296.27	44.33%	31.90%	-29.48%
	Dec-2015	6,365	\$293.92	33.19%	26.09%	-51.76%
	Jan-2016	6,653	\$311.28	31.18%	-2.50%	-10.90%
	Feb-2016	6,678	\$290.82	31.28%	-7.01%	-2.96%
	Mar-2016	6,884	\$385.82	30.73%	-1.70%	94.28%
	Apr-2016	6,802	\$360.51	28.68%	8.78%	116.55%
	May-2016	6,645	\$311.18	26.23%	10.97%	121.26%
	Jun-2016	6,387	\$338.30	25.69%	15.41%	0.72%
	Jul-2016	6,319	\$320.20	18.42%	27.22%	-38.16%
	Aug-2016	6,254	\$351.60	14.65%	31.77%	-37.40%
	Sep-2016	6,071	\$326.13	11.49%	9.40%	-25.71%
	Oct-2016	6,021	\$328.07	10.28%	-6.97%	-6.12%
	Nov-2016	5,915	\$340.89	9.58%	-10.51%	-23.41%
Last Month in Experience Period	Dec-2016	5,766	\$369.55	9.29%	-14.77%	-5.07%

Solvency

	Most Recent Quaterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	215,264,772	198,655,393
Authorized Control Level	62,061,037	62,061,037
RBC Ratio	346.86%	320.10%

Loss Ratio												
Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio	Expected Incurred Claims	A-to-E Claims Ratio	Quality Improvement Expenses	Adjustments to Earned Premium	Adj Medical Loss Ratio	
Historical Year -4	1/1/2014	1/1/2014	0	0	0		0		0	0	#DIV/0!	
Historical Year -3	1/1/2013	12/31/2013	12,279	3,658,501	3,514,482	104.1%	n/a		0	0	104.1%	
Historical Year -2	1/1/2014	12/31/2014	20,558	5,889,133	6,369,853	92.5%	4,226,108	139.4%	0	0	92.5%	
Historical Year -1	1/1/2015	12/31/2015	27,718	7,566,075	7,558,415	100.1%	6,844,362	110.5%	0	0	100.1%	
Historical Year 0	1/1/2016	12/31/2016	29,807	9,075,845	7,822,797	116.0%	7,429,679	122.2%	0	0	116.0%	
Historical Totals			90,362	26,189,555	25,265,547	103.7%	18,500,149	141.6%	0	0	103.7%	
Interim Time Period			0	0	0		0		0	0	#DIV/0!	
Future Year 1			0	0	0		0		0	0	#DIV/0!	

Anticipated Federal loss ratio standard in market >97.2%

Note:
The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out. ☐
The interim time period the time periods available in the current year.
The future year should represent the 12 months immediately following the rate effective date.

Consumer Adjusted Premium Rate Development

Index Rate for Projected Period PMPM	\$402.20
Risk Adjustment PMPM	\$121.63
Net Reinsurance Contributions PMPM	\$0.00
Exchange User Fees PMPM	\$0.00
Market Adjusted Index Rate PMPM	\$523.83

Product	Individual HMO On Exchange	Individual HMO On Exchange	Individual HMO On Exchange	dividual HMO On Exchange	dividual HMO On Exchange	Individual HMO On Exchange	dividual HMO On Exchar	Individual HMO On Exchange
Product ID	94056DC039	94056DC039	94056DC039	94056DC039	94056DC039	94056DC039	94056DC039	94056DC039
Plan ID	94506DC0390001	94506DC0390011	94506DC0390003	94506DC0390004	94506DC0390014	94506DC0390007	94506DC0390010	94506DC0390008
Metal Tier	Platinum	Gold	Gold	Silver	Silver	Bronze	Bronze	Catastrophic
Metal AV Value	0.899	0.819	0.762	0.720	0.672	0.648	0.606	0.570
Pricing AV Value	0.922	0.820	0.800	0.679	0.653	0.589	0.579	0.541
Projected Member Months	5,834	2,367	2,367	2,705	2,705	5,746	5,746	440
Market Adjusted Index Rate PMPM	\$523.83	\$523.83	\$523.83	\$523.83	\$523.83	\$523.83	\$523.83	\$523.83
Plan Adjustments (in multiplicative format)								
Actuarial value and cost-sharing design of the plan	0.857	0.762	0.743	0.631	0.607	0.548	0.539	0.503
Provider network, delivery system characteristics and utilization management practices	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Plan benefits in addition to EHB	1.018	1.018	1.018	1.018	1.018	1.018	1.018	1.018
Expected impact of special eligibility categories (only for catastrophic plans)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.900
Plan Adjustments (in % format)								
Distribution and administration costs	5.7%	5.7%	5.7%	5.7%	5.7%	5.7%	5.7%	5.7%
Plan Adjusted Index Rate	\$484.54	\$430.66	\$420.33	\$356.60	\$342.99	\$309.72	\$304.52	\$255.90
Age Calibration Factor	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033
Geography Calibration Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Aggregate Calibration Factor	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033
Consumer Adjusted Premium Rate PMPM	\$469.26	\$417.08	\$407.08	\$345.35	\$332.17	\$299.95	\$294.91	\$247.83

Calculated Pricing AV	0.925	0.822	0.802	0.681	0.655	0.591	0.581	0.489
Pricing AV in URRT	0.922	0.820	0.800	0.679	0.653	0.589	0.579	0.541
Difference	-0.3%	-0.3%	-0.3%	-0.3%	-0.3%	-0.3%	-0.3%	10.8%
Explanation for differences between implied Pricing AV and URRT	The 0.3% difference is caused by the 3 Child Limit Factor of 1.003 that is used in the rate calculation							

Age 40 Factor	0.975
Geographic Rating Area #1	1.000
Geographic Rating Area #3	0.000
Geographic Rating Area #5	0.000

*Note if a particular plan is not offered in a rating area, please override the formula and enter "N/A" below

Calculated Premium Rate (Age 40, Area 1)	\$457.52	\$406.65	\$396.90	\$336.72	\$323.87	\$292.45	\$287.54	\$241.63
Calculated Premium Rate (Age 40, Area 3)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Calculated Premium Rate (Age 40, Area 5)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Proposed Premium Rate (Age 40, Area 1)	\$457.52	\$406.65	\$396.90	\$336.72	\$323.87	\$292.45	\$287.54	\$241.63
Proposed Premium Rate (Age 40, Area 3)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Proposed Premium Rate (Age 40, Area 5)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Difference	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Difference	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Difference	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Explanation for differences	N/A							
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Actuarial value and cost-sharing design of the plan

Actuarial value and cost-sharing design of the plan	0.857	0.762	0.743	0.631	0.607	0.548	0.539	0.503
Paid/Allowed Ratio (Cost-Sharing only)	0.959	0.879	0.851	0.758	0.773	0.694	0.705	0.663
Used Induced utilization factors	0.891	0.863	0.871	0.830	0.783	0.750	0.761	0.756
Calculated	0.854	0.759	0.741	0.629	0.605	0.520	0.537	0.501

Reinsurance Recoveries

Provide the historical claims for the experience period broken down by the following amounts:

Attachment Points	Total Incurred Claims
Less than \$45,000	\$17,309,797
Between \$45,000 and \$90,000	\$2,510,092
Between \$90,000 and \$250,000	\$2,410,578
Greater than \$250,000.	\$1,030,820
Total*	\$23,261,287

*Should match Incurred Claims in URRT's Section I: Experience period data

Experience Period Start Date	1/1/2016
Date at which the most recent experience is available	12/31/2016

Provide the information in the table below in an Excel format. The information in the first row should be consistent with what is required by the URRT.

Experience Period Start Date	Experience Period End Date	Category of Insureds	Member Months	Premiums	Incurred Claims	Allowed Claims	Average Age	HHS Age Factor	Allowed PMPM	Age Normal Allowed PMPM	Morb Relativity	LossRatio
1/1/2016	12/31/2016	Persons who purchased a ACA compliant plan	76,395	\$20,049,738	\$23,261,287	\$25,674,489	41	1.025	\$336.08	\$327.90	0.402	116.0%
1/1/2016	12/31/2016	Persons who did not purchased a ACA compliant plan	657	\$475,587	\$656,558	\$706,626	48	1.318	\$1,075.53	\$816.08	2.489	138.1%
1/1/2016	12/31/2016	All	77,052	\$20,525,325	\$23,917,845	\$26,381,115	41	1.027	\$342.38	\$333.24		116.5%

Experience Period Start Date	Experience Period End Date	Category of Insureds	Member Months	Premiums	Incurred Claims	Allowed Claims	Average Age	HHS Age Factor	Allowed PMPM	Age Normal Allowed PMPM	Morb Relativity	LossRatio
1/1/2017	12/31/2016	Persons included in the experience period	76,395	20,049,738	23,261,287	25,674,489	41	1.025	\$336.08	\$327.90	1.000	116.0%
1/1/2017	12/31/2016	Persons not included in the experience period	657	475,587	656,558	706,626	48	1.318	\$1,075.53	\$816.08	1.000	138.1%
1/1/2017	12/31/2016	All	77,052	\$20,525,325	\$23,917,845	\$26,381,115	41	1.027	\$342.38	\$333.24		116.5%

Experience Period Start Date	Experience Period End Date	Category of Insureds	Member Months	Premiums	Incurred Claims	Allowed Claims	Average Age	HHS Age Factor	Allowed PMPM	Age Normal Allowed PMPM		LossRatio
1/1/2016	12/31/2016	All	77,052	\$20,525,325	\$23,917,845	\$26,381,115	41	1.027	\$342.38	\$333.24		116.5%

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
1	Unified Rate Review v4.2																								
2																									
3	Company Legal Name:		Kaiser Foundation Health Plan State:												DC										
4	HIOS Issuer ID:		94506												Market: Individual										
5	Effective Date of Rate Change(s):		1/1/2018																						
6																									
7																									
8	Market Level Calculations (Same for all Plans)																								
9																									
10																									
11	Section I: Experience period data																								
12	Experience Period:		1/1/2016		to		12/31/2016																		
13					Experience Period																				
14					Aggregate Amount		PMPM		% of Prem																
15	Premiums (net of MLR Rebate) in Experience Period:				\$20,049,738		\$262.45		100.00%																
16	Incurred Claims in Experience Period				\$23,261,287		304.49		116.02%																
17	Allowed Claims:				\$25,674,489		336.08		128.05%																
18	Index Rate of Experience Period						\$329.86																		
19	Experience Period Member Months				76,395																				
20	Section II: Allowed Claims, PMPM basis																								
21																									
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Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
94506
1/1/2018

State: DC
Market: Individual

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Individual HMO On Exchange														Terminated Plans
Product ID:	94506DC039														94506DC038
Metal:	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic	Silver	
AV Metal Value	0.899	0.813	0.819	0.790	0.762	0.720	0.718	0.672	0.700	0.648	0.606	0.625	0.570	0.700	
AV Pricing Value	0.922	0.853	0.820	0.800	0.777	0.675	0.679	0.653	0.639	0.589	0.579	0.562	0.541	0.700	
Plan Category	Renewing	Renewing	Renewing	Renewing	New	Renewing	Renewing	New	Renewing	Renewing	Renewing	New	Renewing	Terminated	
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	
Plan Name	KP DC Standard Platinum 0/20/Dental	KP DC Gold 0/20/Dental	KP DC Standard Gold 500/25/Dental	KP DC Gold 1000/20/Dental	1500/20%/HSA/D ental	KP DC Standard Silver 3500/40/Dental	KP DC Silver 2000/30/Dental	KP DC Silver 6000/35/Dental	KP DC Silver 2750/20%/HSA/D ental	KP DC Standard Bronze 6000/50/Dental	6200/20%/HSA/D ental	KP DC Bronze 6500/60/Dental	Catastrophic 7350/0/Dental	Terminated Plans	
Plan ID (Standard Component ID):	94506DC0390001	94506DC0390002	94506DC0390011	94506DC0390003	94506DC0390013	94506DC0390005	94506DC0390004	94506DC0390014	94506DC0390006	94506DC0390007	94506DC0390010	94506DC0390012	94506DC0390008	94506DC0380001	
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	
Historical Rate Increase - Calendar Year - 2	2.20%													10.10%	
Historical Rate Increase - Calendar Year - 1	6.60%													7.40%	
Historical Rate Increase - Calendar Year 0	12.00%													7.20%	
Effective Date of Proposed Rates	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2013	
Rate Change % (over prior filing)	7.95%	10.88%	7.76%	12.52%	0.00%	5.34%	9.40%	0.00%	15.05%	22.49%	27.20%	26.24%	25.24%	10.00%	
Cum'tive Rate Change % (over 12 mos prior)	7.95%	10.88%	7.76%	12.52%	0.00%	5.34%	9.40%	0.00%	15.05%	22.49%	27.20%	26.24%	25.24%	10.00%	
Proj'd Per Rate Change % (over Exper. Period)	26.06%	24.21%	24.76%	30.28%	#DIV/0!	21.86%	24.33%	#DIV/0!	33.20%	37.75%	46.96%	#DIV/0!	41.89%	-100.00%	
Product Rate Increase %	13.48%													0.00%	

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	94506DC0390001	94506DC0390002	94506DC0390011	94506DC0390003	94506DC0390013	94506DC0390005	94506DC0390004	94506DC0390014	94506DC0390006	94506DC0390007	94506DC0390010	94506DC0390012	94506DC0390008	94506DC0380001
Inpatient	\$8.92	\$7.85	\$9.08	\$6.86	\$9.43	\$0.00	\$4.40	\$6.50	\$0.00	\$8.62	\$10.66	\$12.01	\$11.35	\$9.35	\$9.08
Outpatient	-\$1.06	-\$2.89	-\$1.36	-\$2.66	-\$0.62	\$0.00	-\$3.10	-\$1.61	\$0.00	\$0.29	\$2.23	\$3.29	\$2.98	\$1.86	-\$1.36
Professional	\$40.99	\$39.87	\$42.29	\$35.09	\$42.38	\$0.00	\$25.16	\$31.50	\$0.00	\$37.07	\$42.29	\$46.12	\$43.84	\$37.24	\$42.29
Prescription Drug	\$32.97	\$34.37	\$34.35	\$30.39	\$33.50	\$0.00	\$23.27	\$26.31	\$0.00	\$28.27	\$29.90	\$31.55	\$30.17	\$26.46	\$34.35
Other	\$2.17	\$2.23	\$2.26	\$1.97	\$2.22	\$0.00	\$1.49	\$1.72	\$0.00	\$1.89	\$2.03	\$2.16	\$2.06	\$1.80	\$2.26
Capitation	\$0.24	\$0.22	\$0.24	\$0.19	\$0.25	\$0.00	\$0.13	\$0.18	\$0.00	\$0.22	\$0.26	\$0.29	\$0.28	\$0.23	\$0.24
Administration	\$0.22	\$0.25	\$0.23	\$0.22	\$0.21	\$0.00	\$0.18	\$0.18	\$0.00	\$0.17	\$0.16	\$0.15	\$0.15	\$0.13	\$0.23
Taxes & Fees	\$4.02	\$4.59	\$4.25	\$4.08	\$3.98	\$0.00	\$3.36	\$3.38	\$0.00	\$3.18	\$2.93	\$2.88	\$2.80	\$2.42	\$4.25
Risk & Profit Charge	-\$43.43	-\$49.60	-\$45.87	-\$44.08	-\$43.02	\$0.00	-\$36.32	-\$36.50	\$0.00	-\$34.35	-\$31.70	-\$31.17	-\$30.22	-\$26.19	-\$45.87
Total Rate Increase	\$45.04	\$36.89	\$45.46	\$32.06	\$48.33	\$0.00	\$18.57	\$31.66	\$0.00	\$45.35	\$58.77	\$67.29	\$63.42	\$53.30	\$45.46
Member Cost Share Increase	-\$19.98	-\$5.31	-\$15.93	-\$12.70	-\$23.74	\$0.00	-\$14.80	-\$20.38	\$0.00	-\$36.67	-\$49.19	-\$57.81	-\$58.75	-\$44.50	-\$15.93

Average Current Rate PMPM	\$333.71	\$463.87	\$417.68	\$413.01	\$386.08	\$421.79	\$348.10	\$336.87	\$354.47	\$301.44	\$261.32	\$247.42	\$241.67	\$211.17	
Projected Member Months	43,800	5,834	2,367	2,367	2,367	2,367	2,705	2,705	2,705	2,705	5,746	5,746	5,746	440	

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	94506DC0390001	94506DC0390002	94506DC0390011	94506DC0390003	94506DC0390013	94506DC0390005	94506DC0390004	94506DC0390014	94506DC0390006	94506DC0390007	94506DC0390010	94506DC0390012	94506DC0390008	94506DC0380001
Plan Adjusted Index Rate	\$262.45	\$397.24	\$372.88	\$356.73	\$333.45	\$0.00	\$300.89	\$296.43	\$0.00	\$260.36	\$232.36	\$214.14	\$0.00	\$186.39	\$232.08
Member Months	76,395	5,658	4,329	573	3,017	0	2,189	4,025	0	2,322	3,909	3,438	0	347	46,588
Total Premium (TP)	\$20,049,738	\$2,247,586	\$1,614,198	\$204,408	\$1,006,021	\$0	\$658,654	\$1,193,116	\$0	\$604,561	\$908,310	\$736,224	\$0	\$64,677	\$10,811,984
EHB Percent of TP, [see instructions]	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%
Total Allowed Claims (TAC)	\$25,674,489	\$3,374,227	\$1,469,302	\$229,539	\$1,287,319	\$0	\$814,060	\$1,124,965	\$0	\$744,947	\$1,173,203	\$1,383,676	\$0	\$65,272	\$14,007,978
EHB Percent of TAC, [see instructions]	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%
Allowed Claims which are not the issuer's obligation:	\$2,413,202	-\$209,115	-\$160,191	-\$7,843	\$38,717	\$0	\$54,774	\$10,492	\$0	\$77,630	\$168,124	\$325,373	\$0	\$1,227	\$2,114,013
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0														
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	0.00%	0.00%	#DIV/0!	0.00%	0.00%	0.00%	#DIV/0!	0.00%	
Total Incurred claims, payable with issuer funds	\$23,261,287	\$3,583,342	\$1,629,493	\$237,381	\$1,248,602	\$0	\$759,287	\$1,114,472	\$0	\$667,317	\$1,005,080	\$1,058,303	\$0	\$64,045	\$11,893,965
Net Amt of Rein	\$147,541.07	\$28,006.42	\$21,428.03	\$2,836.28	\$14,933.79	\$0.00	\$10,835.29	\$19,923.27	\$0.00	\$11,493.62	\$19,349.08	\$17,017.69	\$0.00	\$1,717.61	
Net Amt of Risk Adj	-\$2,367,419.32	-\$449,386.34	-\$343,830.59	-\$45,510.49	-\$239,625.06	\$0.00	-\$173,861.20	-\$319,685.40	\$0.00	-\$184,424.72	-\$310,472.11	-\$273,062.96	\$0.00	-\$27,560.46	

Incurred Claims PMPM	\$304.49	\$633.32	\$376.41	\$414.28	\$413.86	#DIV/0!	\$346.86	\$276.89	#DIV/0!	\$287.39	\$257.12	\$307.83	#DIV/0!	\$184.57	\$255.30
Allowed Claims PMPM	\$336.08	\$596.36	\$339.41	\$400.59	\$426.69	#DIV/0!	\$371.89	\$279.49	#DIV/0!	\$320.82	\$300.13	\$402.47	#DIV/0!	\$188.10	\$300.68
EHB portion of Allowed Claims, PMPM	\$330.06	\$585.68	\$333.33	\$393.42	\$419.05	#DIV/0!	\$365.23	\$274.49	#DIV/0!	\$315.08	\$294.75	\$395.26	#DIV/0!	\$184.74	\$295.29

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	94506DC0390001	94506DC0390002	94506DC0390011	94506DC0390003	94506DC0390013	94506DC0390005	94506DC0390004	94506DC0390014	94506DC0390006	94506DC0390007	94506DC0390010	94506DC0390012	94506DC0390008	94506DC0380001
Plan Adjusted Index Rate	\$376.72	\$500.76	\$463.14	\$445.08	\$421.79	\$366.68	\$354.47	\$354.47	\$354.47	\$320.09	\$314.71	\$305.09	\$264.47		
Member Months	43,800	5,834	2,367	2,367	2,367	2,367	2,705	2,705	2,705	2,705	5,746	5,746	5,746	440	-
Total Premium (TP)	\$16,500,413	\$2,921,424	\$1,096,253	\$1,053,495	\$1,028,236	\$998,376	\$991,856	\$996,884	\$958,845	\$938,079	\$1,839,229	\$1,808,326	\$1,753,044	\$116,365	
EHB Percent of TP, [see instructions]	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Other benefits portion of TP	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	100.00%
Total Allowed Claims (TAC)	\$15,100,359	\$2,206,662	\$882,356	\$867,799	\$875,045	\$857,913	\$938,902	\$953,109	\$898,755	\$910,161	\$1,881,063	\$1,857,017	\$1,830,371	\$141,207	
EHB Percent of TAC, [see instructions]	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	98.21%	
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Other benefits portion of TAC	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	1.79%	100.00%
Allowed Claims which are not the issuer's obligation	-\$338,811	-\$372,645	-\$99,642	-\$83,230	-\$57,690	-\$53,194	\$5,671	\$16,237	-\$10,566	\$15,880	\$92,563	\$90,898	\$104,292	\$12,614	

Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0														
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Total Incurred claims, payable with issuer funds	\$15,439,170	\$2,579,307	\$981,998	\$951,029	\$932,734	\$911,107	\$933,230	\$936,872	\$909,321	\$894,281	\$1,788,501	\$1,766,118	\$1,726,079	\$128,593	\$0
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Net Amt of Risk Adj	-\$3,478,813	-\$463,365	-\$187,999	-\$187,999	-\$187,999	-\$187,999	-\$214,844	-\$214,844	-\$214,844	-\$214,844	-\$456,376	-\$456,376	-\$456,376	-\$34,947	

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company Kaiser Foundation Health Plan of the Mid-Atlantic

SERFF tracking number KPMA-131011582

Submission Date May 1, 2017

Product Name Individual HMO On Exchange

Market Type ☒ Individual ☐ Small Group

Rate Filing Type ☒ Rate Increase ☐ New Filing

Scope and Range of the Increase:

The 13 % increase is requested because:

Expenses for 2018 are expected to be higher than were expected for 2017.

This filing will impact:

of policyholder's 2137

of covered lives 2484

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 13 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 5.3 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 27.2 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Individuals increases vary from the average rate increase (that is, the overall average increase) primarily because of plan specific changes and recognition of being a year older. On average, health costs increase with age.

Financial Experience of Product

The overall financial experience of the product includes:

It is too early to predict accurately what the financial performance will be in 2017. At the time the premiums were set for 2017, Kaiser expected to have -3.69% of premium remaining after paying all expenses attributable to this portfolio.

The rate increase will affect the projected financial experience of the product by:

For 2018, Kaiser expects to have negative capital contribution of -13.04% of premium, after paying all expenses attributable to this portfolio.

Components of Increase

The request is made up of the following components:

Trend Increases – % of the 13 % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is % of the 13 % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is % of the 13 % total filed increase.

Other Increases – % of the 13 % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is % of the 13 % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is % of the 13 % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is % of the 13 % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is % of the 13 % total filed increase.

5. Other – Defined as:

This component is % of the 13 % total filed increase.

**RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP
PLANS SOLD ON DC HEALTH LINK
CHECK-LIST**

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Actuarial Memorandum (Pages 2-7)
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	AM (Page 1)
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	AM (Page 1)
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	SERFF Rate Filing Submission Date
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	AM (Page 1)
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	AM (Page 2)
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	KPIF AM (Exhibit 10) SG AM (Exhibit 9)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	KPIF AM (Exhibit 11) SG AM (Exhibit 10)
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.	Yes	Rate/Rule Schedule (Overall % Rate Impact)
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Rate/Rule Schedule
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Rate/Rule Schedule
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Rate/Rule Schedule (Rate Review Detail)
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Rate/Rule Schedule (Rate Review Detail)
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	Unified Rate Review Template
14	Exposure	Current number of policies, certificates and covered lives.	Yes	DISB AM Dataset

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	DISB Actuarial Memorandum Dataset
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	DISB Actuarial Memorandum Dataset
17	Index Rate	Provide the index rate.	Yes	AM (Exhibit 1)
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	AM (Exhibits 1-15)
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	N/A	N/A
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Unified Rate Review Template and AM Exhibit 6
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	Yes	Unified Rate Review Template, worksheet 2; and AM Exhibit 10 (KPIF) and AM Exhibit 9 (SG)
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Unified Rate Review Template, worksheet 2; and AM Exhibit 10 (KPIF) and AM Exhibit 9 (SG)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders. For initial filings, provide the derivation of any new plan factors.	Yes	KPIF AM (Exhibit 10) SG AM (Exhibit 9)
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	AM (Exhibit 13)
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	N/A	N/A
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Unified Rate Review Template, worksheet 2
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Actuarial Memorandum (Page 3)
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Actuarial Memorandum (Page 5)

Number	Data Element	Requirement Description	Individual/and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	KPIF AM (Exhibit 9) SG AM (Exhibit 8)
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in Maryland, the loss ratio meets the minimum.	Yes	Actuarial Memorandum (Page 5)
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Actuarial Memorandum (Exhibit 7.1-7.3)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
29.1	Reinsurance	Provide information on the Reinsurance contribution assumption, consistent with the national contribution rate for the projection period. In individual filings, provide information on the Reinsurance recovery assumption, consistent with the company's continuation table used in pricing. Provide previous year-end estimated reinsurance payable amount and quantitative support for the amount.	N/A	N/A
29.2	Risk Corridor	Does the company assume Risk Corridor charges or payments? If so, provide support. Provide previous year-end estimated risk corridor payable or receivable amount and quantitative support for the amount.	N/A	N/A
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	AM (Page 3)
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	AM (Page 5)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	<p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total 	Yes	<p>KPIF AM (Exhibit 2 and Exhibit 9)</p> <p>SG AM (Exhibit 2 and Exhibit 8)</p>
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	AM (Exhibits 1-15)
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	N/A	N/A
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	<p>KPIF AM (Page 8)</p> <p>SG AM (Page 9)</p>

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	N/A	N/A
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	Supporting Documentation
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	Supporting Documentation
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non-Grandfathered plan filings. Provide in Excel format only.	Yes	Supporting Documentation
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	Supporting Documentation
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total	Yes	AM (Page 2)

41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30th of the current year, whichever is first.	N/A	N/A
42	Additional Requirements for Stand-Alone Dental Plan Filings	<p>Provide the following for stand-alone dental plan filings:</p> <ul style="list-style-type: none"> • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing. 	N/A	N/A

CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

John Xu

(Print Name)

A handwritten signature in black ink, appearing to read "John Xu", written over a horizontal line.

(Signature)

2018 Standard Gold Copay Rx Plan

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☒
- Apply Skilled Nursing Facility Copay per Day? ☒
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00				
Coinurance (% Insurer's Cost Share)	80.00%	100.00%				
MOOP (\$)	\$3,500.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$525.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: 2018 Standard Gold Copay Rx Plan
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.91%

Metal Tier:

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1016 seconds

2018 AV Calculator

2018 Standard Silver Copay Rx Plan

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,500.00	\$250.00				
Coinurance (% Insurer's Cost Share)	80.00%	100.00%				
MOOP (\$)	\$6,250.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: 2018 Standard Silver Copay Rx Plan
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.95%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1211 seconds

2018 AV Calculator

2018 Standard Bronze Copay Rx Plan - Spec Alt A

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
- Apply Inpatient Copay per Day? ☐
- Apply Skilled Nursing Facility Copay per Day? ☐
- Use Separate OOP Maximum for Medical and Drug Spending? ☐
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☒

Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$6,000.00	\$600.00				
Coinurance (% Insurer's Cost Share)	75.00%	100.00%				
MOOP (\$)	\$7,350.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: 2018 Standard Bronze Copay Rx Plan - Spec Alt A
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 64.81%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1445 seconds

2018 AV Calculator

2018 Standard Bronze Alternate - HSA 2

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☒
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR or Expanded Bronze AV Standard? ☐

Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$6,200.00			
Coinsurance (% , Insurer's Cost Share)			80.00%			
MOOP (\$)			\$6,550.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: 2018 Bronze Alternate - HSA 2
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 60.59%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1211 seconds
 2018 AV Calculator